



EMERGENCY LEAVE OF ABSENCE FORM

LTC may grant a student a leave of absence during which the student is not considered withdrawn.

Documentation must accompany this form.

In accordance with Veterans Administration policy, students receiving V.A. benefits are not eligible to receive an Emergency Leave of Absence, with the exception of military service.

Valid reasons to request an Emergency Leave of Absence include; emergency health condition, family emergencies, death in immediate family (includes – parents, spouse, children, siblings and grandparents only) and must include documentation. *In extreme time-sensitive cases when it is impossible to notify using proper request procedure, students must contact LTC Student Services within 24 hours of emergent situation.*

Medical documentation should be prepared on letterhead, typed, dated, and bear the signature of the evaluator. Please make sure the documentation includes the name, title, contact information, and professional credentials of the evaluator. *A licensed health care provider may include a licensed medical (e.g., physician, nurse practitioner, physician’s assistant) or mental health care provider (e.g., psychologist, counselor, social worker).*

The documentation must include the following:

- Statement of the medical/psychological condition and how this condition impacts the student’s ability to attend school
- Healthcare provider’s recommendation for an emergency leave of absence including time frame of absence

Requests resulting from death of an immediate family must include a copy of the obituary or other satisfactory document that identifies the students as immediate family and the date of death.

STUDENT SECTION	
Student Name:	Date:
Phone:	Student ID:
Address:	
Program of Enrollment:	Last Date of Attendance:
Personal Email:	Funding Source:
Student Signature: _____ Date: _____	
Reason(s) for requesting a leave of absence:	
<input type="checkbox"/> Emergency Health Condition <input type="checkbox"/> Family Emergency <input type="checkbox"/> Military Service <input type="checkbox"/> Death in Immediate Family	
<input type="checkbox"/> OTHER: _____	
Please describe reason for leave:	
Dates of leave: Start Date: _____ Anticipated Return Date: _____	

I understand that during the period of my leave of absence the following conditions must be met:

- I will not use Lively Technical College’s resources or facilities.
- The leave of absence must not exceed 15 scheduled days except for mitigating circumstances that are well-documented.
- The leave of absence must be complete within the same school year.
- The school will grant only **one** leave of absence in any 12-month period except in special documented situations that include jury duty or military activation.
- **Student will not receive tuition reimbursements, credits or refunds for an approved leave of absence.**
- Clock hours accrued during approved leave of absence will not apply to Pell Grant disbursement.
- Student’s failure to return to school after approved leave of absence will result in withdrawal as of last date of attendance.

Student Signature

Date



FOR OFFICIAL USE ONLY

Date Received _____

Student Services Director: _____ Date: _____

Financial Aid Representative: _____ Date: _____

Student request **approved** by Administration: _____ Date: _____

Student request **denied** by Administration: _____ Date: _____

Final Copies distributed to: (please initial)

Financial Aid Date: _____ Student Accounts Date: _____

Registration Date: _____ Scanned to Focus Student File Date: _____

Questions? Call 850.487.7631

Return your completed form to:
Lively Technical College
Office of Student Services
500 N. Appleyard Drive
Tallahassee, FL 32304
FAX: 850-487-7430
Email: ltc.studentservices1@leonschools.net