



REQUEST FOR LEAVE OF ABSENCE

(Submit by November 1)

Washington County Master Gardener

(See reverse side for Criteria for LOA)

NAME (print)		G	Graduation Year	
ADDRESS				
ADDRESSStreet		City	State Zip	
PHONE (H)	(C)	E-Mail:		
REASON FOR REQU (Please be specific and d	J EST FOR THE YEA etailed - submit by Novem	R OF		
	active member next ye	ar (yes or no?)		
	Signature _			
>>>>>>>	>>>>> <i>Offic</i>	e Use Only >>>>>	>>>>>>>>>	
Date received by Coun	ty Extension Office			
·		OVED DENIED		
Reason(s) for Denial _				
Signature	ension Agent Date	Signature WCMG President	Date	

MAIL TO:

Washington County Extension Office ATTN: WCMG Membership Chair 2536 N. McConnell, Fayetteville, AR 72704 (Or call 479-444-1755 for information)

CRITERIA FOR LEAVE OF ABSENCE

(Found in the WCMG Bylaws Article IV - Membership Section)

Leave of Absence:

- 1. A leave of absence may be requested by an active member in good standing who has completed 1 year of membership.
- 2. Reasons for requesting a leave of absence shall be:
 - a. for personal or family illness,
 - b. for family emergency, or
 - c. job related.
- 3. The **Request for Leave of Absence** form shall be submitted to the WCMG Membership Committee for a recommendation to the WCMG Executive Committee. The recommendation shall be reviewed by the WCMG Executive Committee and submitted to the Washington County Extension Agent for final determination.
- 4. The form shall be submitted annually by November 1.
- 5. The form shall be filled out by the member or someone aware of the circumstances.
- 6. The WCMG Executive Committee Secretary shall notify the member and the Membership Chair as to the status of the approval or denial of the submitted request. The Secretary shall inform the Membership Chair of the decision within 7 days of the WCMG Executive Committee meeting.
- 7. The member shall:
 - a. pay WCMG yearly dues,
 - b. not be responsible for any work or education hours,
 - c. not accrue years of WCMG service.
- 8. A leave of absence beyond 3 years shall be submitted to the Washington County Extension Agent for approval.

Revised 2024 WCMG Forms - Page 16