

THE ROTARACT CLUB OF NEW KINGSTON

APPLICATION FOR LEAVE OF ABSENCE

This form should be completed two meetings in advance of the proposed period of absence, in keeping with Rotary International.

First Name:	Last Name:
Committee (s):	
Period of Absence: From:	To:
Kindly indicate in the space provided your reason for absence:	
Signed:	Date:
The above leave is authorized/not authorized, in	accordance with the Rotary International by-laws.
Signed:(President)	Signed:(Secretary)
Date:	Date: