



REQUEST FOR EXTENDED ABSENCE FROM SCHOOL (LOA)
(THIS FORM IS TO BE USED FOR ABSENCES GREATER THAN 5 DAYS IN DURATION)

SECTION A – To be completed by Student (Please Print)

Complete and submit this form, along with all supporting documentation, to the school registrar at registrar@lanasterctc.edu no later than 5 business days prior to the start of the requested leave. Your request for a Leave Of Absence (LOA) must be approved prior to the start of the leave. Therefore, it is required that you remain in training while your request is being reviewed. If you cease attendance in the program prior to approval, you will be withdrawn from training. If unforeseen circumstances, such as a medical emergency, prevented you from completing the LOA approval process prior to ceasing attendance, the School may still grant the leave if, at a later date, you are able to document the unforeseen circumstance in your LOA application. See complete LOA policy in the Adult Education Catalog for additional details.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

1. I am requesting and extended absence from school due to: (check one):

- Military Orders (Submit your orders along with this application)
The birth of my child (Section B required)
A serious health condition for which I need medical care (Section B required)
A serious health condition affecting my spouse child parent, for whom I must provide care. (Section B required)
Other: \_\_\_\_\_

2. Date of anticipated leave: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Anticipated length of leave: \_\_\_\_\_

4. Have you previously been granted and LOA from school at any time prior to this request?

- Yes No

If your request for leave is due to a military assignment, you need only submit this signed form along with a copy of your military orders. For all other requests, you must have your health care provider, or the health care provider of your family member who needs care, complete Section B of this form. All information must be completed prior to review of your request. Incomplete forms will not be processed.

By my signature below, I certify that my request for an extended leave from school is for the reason(s) checked above. In addition, I recognize that based upon my selection above I must submit either my military orders or Section B of this form. If I fail to submit the necessary supporting documentation within the required timeframe, I understand that my request for leave will be denied. I also understand that if I cease attendance prior to the my leave request being approved I will be withdrawn from training unless the leave is for an unforeseen circumstance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WILLOW STREET CAMPUS

1730 Hans Herr Drive, Willow Street, PA 17584 • office: 717.464.7050 • fax: 717.464.9518

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**SECTION B – To be completed by Health Care Provider**

Student Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Health Care Provider (HCP): \_\_\_\_\_

HCP Business Address: \_\_\_\_\_

Type of practice: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**PART A**

Your answers should be your best estimate based upon your medical knowledge, experience and examination of the patient.

1. Approximate date the medical condition started or will start: \_\_\_\_\_  
(mm/dd/yyyy)

2. Estimate of how long the medical condition requiring leave will last: \_\_\_\_\_

3. Check the box(es) for the questions below as applicable.

Pregnancy: Expected delivery date: \_\_\_\_\_  
(mm/dd/yyyy)

Health condition for which the student needs medical care.

Health condition affecting the student's spouse child parent

Other: \_\_\_\_\_

\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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