



REQUEST FOR LEAVE OF ABSENCE

Date: _____

Member Name: _____

Company Name: _____

TNT Group Day/Time: _____

I am requesting a Leave of Absence from TNT for necessary business or personal reasons as stated below. It is understood that a Leave of Absence will be considered and may be granted based upon extenuating circumstances (i.e. Birth, Death, Illness, or unavoidable business hardship). Attendance rules will apply in the absence of an approved Leave of Absence.

I understand a Leave of Absence is defined as a period of a minimum of four weeks and a maximum of eight weeks. I will make every effort to support the TNT members with referrals and leads during this time. It is my responsibility to communicate with the group leaders during my Leave.

Group leadership will protect my classification within the group and will not allow any person or business to join the TNT or promote a product or service in my classification while I am on Leave.

If conditions extend beyond the maximum Leave period and I am unable to return, it is my responsibility to notify the group leaders and it is understood that I will be asked to relinquish my membership in the TNT.

Date Leave Begins: _____ **Date Leave Ends:** _____ **Return Date:** _____

Reason for request: _____

I understand that this request may/may not be approved pending review by the TNT Executive Committee.

TNT Member Signature: _____

Executive Committee Member Signature: _____

Approved Denied **Date:** _____

Reason: _____

Date Executive Leadership forwarded copy to Chamber office: _____