

Region VI WDB Leave of Absence Form

Service Provider Name: _____

Student's Name: _____ MACC ID: _____

Start of LOA: _____

Anticipated return date: _____

Notes:

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Training Provider Contact Name and Title: _____

Training Provider Contact Signature: _____

Date: _____

***Please submit the completed form to the appropriate Career Planner.**

***If the student is receiving support service payments, the completed form must also be sent to Samantha Morris at smorris@region6wv.org.**