

## Region VI WDB Leave of Absence Form

Service Provider Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_ MACC ID: \_\_\_\_\_

Start of LOA: \_\_\_\_\_

Anticipated return date: \_\_\_\_\_

Notes:

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](mailto:smorris@region6wv.org).**