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FORM FOR REQUEST OF LEAVE

Please complete form and "submit by email" or print and mail to:

(After notifying your Membership Advisor)

The Membership Council Director
The Junior League of Knoxville, Inc.
6739 Baum Drive
Knoxville, TN 37919

Name []

Address []

[] Zip Code []

Phone Number (h) [] (w) []

Membership Classification:

Provisional Active Sustainer

Current Placement:

Type of Leave Requesting:

Baby Leave

Due Date []

Note: Baby leave is granted for 3 months: the first month being the month of your due date.

Emergency Leave (3 months)

Months of []

Sabbatical

Reason for Leave Request

[]

[]

[]

Date []

For Office Use Only

_____ Added to Membership Report (month: _____)

_____ Updated Database

_____ Letter Mailed (leave months: _____)