

**U.A. PLUMBERS LOCAL No. 1 TRADE EDUCATION FUND
THE JOINT APPRENTICESHIP AND TRAINING COMMITTEE**

JOHN J. MURPHY

Co-Chairman - Plumbers Local Union No.1

VINCENT ASPROMONTE

Co-Chairman - Assoc. of Contracting Plumbers

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REQUEST FOR TEMPORARY LEAVE OF ABSENCE FROM APPRENTICESHIP

PRINT Apprentice Name: _____
First Name Last Name

Last Grade Completed: _____ Membership Number: _____

REASON FOR LEAVE REQUEST: ___ Family Emergency ___ Military Service ___ Other
___ Medical Condition preventing work and/or school attendance. (Attach medical documentation)

Please provide a detailed explanation below:

If additional explanation is needed, or supporting documentation offered, please attach.

I hereby certify to the Joint Apprenticeship and Training Committee that I have made no misrepresentation of fact in my request for Leave of Absence and understand that any such misrepresentation may result in termination. I understand that my current job assignment will not be held during Leave and that I will be placed on the employment waiting list upon return. I understand that Medical Leaves require certification from a doctor to return to work. I understand that all Leaves are for a Maximum of 1 year from the date of approval and that failure to return from Leave within the 1 year period will result in my automatic termination from the Plumbers Local 1 Apprenticeship Program without further appearance before or appeal to the Committee. I understand that apprentices granted Leave of Absence must continue to maintain a valid mailing address with the school office at all times.

Signature of Apprentice: _____ Date: _____

===== **OFFICE USE ONLY BELOW THIS LINE** =====

APPROVED BY COMMITTEE Date: _____ DISAPPROVED BY COMMITTEE Date: _____

APPRENTICE NOTIFIED BY LETTER. Letter mailed by: _____ Date: _____
Office Staff Member's Name