

**JOINT APPRENTICESHIP AND TRAINING COMMITTEE  
THE PLUMBERS & GAS-FITTERS TRAINING CENTER  
U.A. LOCAL UNION No. 1 of NEW YORK CITY**

**MICHAEL APUZZO**

Co-Chairman - Plumbers Local Union No.1

**VINCENT ASPROMONTE**

Co-Chairman - Assoc. of Contracting Plumbers

37 -11 47<sup>th</sup> Avenue, Long Island City, N.Y. 11101

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*Arthur O. Klock Jr. – Director*

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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