



STATE OF NEVADA  
 NEVADA STATE APPRENTICESHIP COUNCIL  
 555 EAST WASHINGTON AVENUE, 4100  
 LAS VEGAS NV 89101  
 (702) 486-2650

**REQUEST FOR LEAVE OF ABSENCE**  
 (PLEASE PRINT OR TYPE)

**APPRENTICE INFORMATION**

Name: \_\_\_\_\_ Apprentice I.D. # \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of leave: \_\_\_\_\_

Trade: \_\_\_\_\_

\_\_\_\_\_ Medical Leave

\_\_\_\_\_ Personal Leave

**PROGRAM INFORMATION:**

Program number: \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**I hereby certify the information provided herein is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
 (Authorized Name) Print or Type

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date