



## Business Resource Alliance Group Request for Leave of Absence

Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date Leave Begins: \_\_\_\_\_ Date Leave Ends: \_\_\_\_\_ Date Returning: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

---

---

---

---

---

I am requesting a leave of absence from my BRAG group for the reasons stated above. I understand that our group leadership must approve this leave of absence and they only approve a LOA for unavoidable business or personal concerns. BRAG attendance rules apply if I miss meetings without an approved Leave of Absence.

I understand that the leave is for a minimum of four and a maximum of eight weeks, and that the group leaders will protect my classification within the group during this time. The leadership will not allow any person or company to join our group or promote a product or service in my classification while I am on an authorized Leave of Absence.

I assume complete responsibility for communicating my status to the group leaders during my leave of absence. I realize the group leaders will open my classification and terminate my membership if I do not return to the group by the date stated above. I authorize the group leaders to fill my classification with another company after this date with or without prior notice to me.

---

Member's Signature

Date

Approved

Denied

---

Leadership Signature

Date