ALTO DRINKING DRIVER PROGRAM
LEAVE OF ABSENCE REQUEST

You are required to request **prior approval** for all leaves of absence unless unable to do so due to circumstances beyond your control. If the request is not made prior to the leave, the circumstances that prevented you from requesting prior approval must be detailed. A leave of absence shall be granted for a vacation only if you have made up all absences and paid all outstanding fees.

While on Leave of Absence you must continue making payments as per your contract.

Client:			Date:
☐ ALTO North ☐ ALTO South	☐ MO Program ☐ FO Program	Group #/ Counselor:	Phone#

Reason for LOA: (check one)

☐ Military Duty ☐ Residential Treatment Program

☐ Work Travel ☐ Vacation ☐ Incarceration

☐ Illness or Medical Treatment ☐ Extreme Hardship or Family Emergency

Description of hardship/emergency or circumstances preventing prior request:

_____

_____

Leave of Absence Begins: _____ Ends: _____

I understand I will be considered absent if I do not attend the next scheduled activity after the end of this Leave of Absence. I understand I will be discharged from the program as Failed-to-Complete if this absence results in exceeding 21 days from my last attended activity.

_____ _____

Client signature Date

Office use only:

☐ Approved ☐ Denied

Reason denied: _____

_____

_____ _____ _____

ALTO Staff Title Date

Copy To Client

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