

# North Coast Paraprofessional Teacher Training Program Request for Leave of Absence

Name \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

District of employment \_\_\_\_\_

College/university attending \_\_\_\_\_

I am requesting a leave of absence from NCPTTP for the academic year beginning Fall 2010.

Please state the reason for requesting a leave: *(If medical, attach physician statement.)*

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I understand that this leave of absence is for one year only. I plan to re-enter the program in the Fall of 2011.

I agree to keep the NCPTTP informed of any changes in my circumstances or alterations in my work/student status.

If more than one year's leave is required, re-activation in the program will be determined by the NCPTTP director.

\_\_\_\_\_  
signature of paraprofessional

For NCPTTP use:

Date received: \_\_\_\_\_

Action: \_\_\_\_\_

By: \_\_\_\_\_

**North Coast Beginning Teacher Program • 5340 Skylane Blvd, Santa Rosa, CA 95403  
(707) 524-2822 • Fax (707) 524-2815**