

**Circle Ally Leave of Absence Form 2017**

**Circle Ally Name:** \_\_\_\_\_

**Status (Circle One):**    **Initial**      **6 Months**      **12 Months**      **18 months**      **Post 18 Months**

I, the Circles community member, respectfully acknowledge that I will be taking a temporary Leave of Absence from full-time activity in Circles Orange County starting on \_\_\_\_\_, for a period of 6 months \_\_\_\_\_ or 12 months \_\_\_\_\_. While I am taking my temporary Leave of Absence, I still wish to be involved in the following ways:

***Please Check All that Apply***

- \_\_\_\_\_ Serve on a Speakers' Bureau
- \_\_\_\_\_ Serve on the Guiding Coalition
- \_\_\_\_\_ Serving on a Guiding Coalition Team
- \_\_\_\_\_ Help with Circles Info Meetings and sharing my story
- \_\_\_\_\_ Attend Big View/Community Focused Meetings
- \_\_\_\_\_ Receive Circles Emails and Announcement
- \_\_\_\_\_ Participate in Workdays and/or Family Fun Nights when offered
- \_\_\_\_\_ Provide assistance with food service
- \_\_\_\_\_ Provide donations of food
- \_\_\_\_\_ Provide assistance with childcare
- \_\_\_\_\_ I desire to opt out of all Circles related activity and communication with Circles Staff until further notice.
- \_\_\_\_\_ Provide a Learning Experience on Community Learning on the following topic(s):  
 \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_

My signature below confirms that I have completed the appropriate steps to ensure that my Circle, the Circles community, and Circles Staff have continued to receive the support and care I committed to give as a Circles community member. These steps are as follows:

- Contacted and discussed my Leave of Absence decision with the Circles Staff
- Informed and discussed my decision to take Leave of Absence with my Circle
- Ensured the Leave of Absence paperwork was understood, signed, and returned

\_\_\_\_\_  
**Circle Ally Printed Name**

\_\_\_\_\_  
**Circle Ally Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Circles Coordinator Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Circles Coach Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**