



Contra Costa County Advisory Council on Aging
Member Leave of Absence Request Form

Please return completed form to Jenny Lam: jlam@ehsd.cccounty.us

ACOA Member information

Full Name: _____

Appointed Seat: _____

Leave request: ____ Day(s)

Dates of absence. From _____ To _____

Type of leave:

Reason for the Leave request:

I understand that this request is subject to approval by the ACOA President.

ACOA Member Signature _____ Date _____

Electronic Signatures are acceptable

ACOA President Approval

☐ Approved ☐ Denied

ACOA President Signature _____ Date _____

Electronic Signatures are acceptable