



SCOUTS ACT

The Scout Association of Australia
Australian Capital Territory Branch Incorporated

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APPLICATION FOR LEAVE OF ABSENCE

DETAILS OF APPLICANT:

SURNAME	GIVEN NAMES	M	F
HOME ADDRESS	POST CODE	TELEPHONE	
EMAIL ADDRESS			
APPOINTMENT			
PERIOD OF ABSENCE FROM	TO		
APPLICANT'S SIGNATURE	Date:		

RECOMMENDED/APPROVED:

Name:	Signature:	Appointment:	Date:
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RECOMMENDED/APPROVED:

Name:	Signature:	Appointment:	Date:
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APPROVED BY CHIEF COMMISSIONER for absences of 6 months or more:

Signature:	Date:
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Following approval, the completed form is to be submitted to the Branch Office as soon as possible.

For leave of absence of 6 months or more, the application is to be submitted to the Chief Commissioner for approval and notified to the Appointments Committee.