



MONTANA OFFICIALS' ASSOCIATION  
1 South Dakota Ave  
Helena, MT 59601  
(406) 442-6010 Fax (406) 442-8250

**REQUEST FOR LEAVE OF ABSENCE**

Please complete this form and forward it to the above address for approval.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

REGION #: \_\_\_\_\_

Sport(s) for which leave requested: \_\_\_\_\_

Season for which leave requested: \_\_\_\_\_

Reason(s) for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Official's Signature: \_\_\_\_\_

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

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**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE MHSA OFFICE.**

\_\_\_\_\_ I APPROVE this request.                      \_\_\_\_\_ I DENY this request.

MHSA Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_