

FAIRMONT STATE COMMUNITY AND TECHNICAL COLLEGE
HEALTH INFORMATION TECHNOLOGY PROGRAM

LEAVE OF ABSENCE REQUEST FORM

A *Leave of Absence Request Form* should be filled out by the student for any early dismissal, or full day absence the student plans to take. The form should be submitted to the clinical supervisor. The student and the clinical supervisor should agree upon a make-up day and time to be completed after the absence has occurred. The clinical supervisor should approve the absence. Grades for a Practicum will not be issued until the absence is made up. The HIT Clinical Coordinator can be consulted before a request is granted and will review and follow up on all requests granted to any student. In the event a student is tardy, this form should also be filled out and a make-up time agreed upon by the student and the instructor. The completed form will be placed in the student files.

Student name: _____

Date leave form submitted: _____

Date/time of leave requested: _____

Reason for request of leave: _____

Request approved by: _____
Clinical Supervisor Date

Request reviewed by: _____
HIT Clinical Coordinator Date

Date and time absence will be made up _____

I agree to make up clinical time missed due to absence during the date and time listed above.

Student signature Date

The student has successfully made up the time for the absence listed above.

Student signature Date

Clinical Supervisor Date

HIT Clinical Coordinator Date