



CEMETERY AND FUNERAL BUREAU
 1625 NORTH MARKET BLVD., SUITE S-208
 SACRAMENTO, CA 95834
 (916) 574-7870 FAX (916) 928-7988



REQUEST FOR LEAVE OF ABSENCE

A Report of Apprenticeship and Certificate of Registration, with the termination information properly completed, must accompany this application.

SECTION A: APPRENTICE INFORMATION				
Last Name	First	Middle Initial	Certificate Registration Number AE	
Address While on Leave		City	State	Zip Code
Telephone Number While on Leave ()		Fax Number or E-mail Address (If applicable) ()		
Name of Establishment			License Number FD	
Supervising Embalmer			License Number EMB	
SECTION B: LEAVE INFORMATION				
I request that I be granted a Leave of Absence from my duties as an apprentice as follows:				
Leave Start Date		Leave End Date		
Reason for Leave of Absence (Explain fully)				
SECTION C: APPRENTICE CERTIFICATION				
I understand that if a Leave of Absence is granted, I am not entitled to credit for apprenticeship during the period of absence. Any extension of a leave of absence must be approved by the Bureau and the aggregate of the Leave of Absence or any extension may not exceed twelve (12) months.				
I understand that I am to report to the Bureau the fact that I have resumed my duties as an apprentice and must submit the registration certificate with a properly completed resumption certification.				
I am aware that my failure to so report within 10 days after the expiration date of my leave of absence shall be cause for the cancellation of my Apprentice Embalmer Certificate.				
I certify under penalty of perjury under the laws of the State of California that I have read and I understand the provisions of section 7667 all statements furnished in connection with this application are true and accurate.				
Signature of Apprentice			Date	

Upon approval, a Leave of Absence Certificate and a Resumption of Apprenticeship form will be mailed to you.