

Circle Leader Leave of Absence Agreement

Circle Leader Name: _____

I, the Circles community member, respectfully acknowledge that I will be taking a temporary Leave of Absence from full-time activity in Circles Orange County starting on _____, for a period of 6 months _____ or 12 months _____. While I am taking my temporary Leave of Absence, I still wish to be involved in the following ways:

Please Check All that Apply

- _____ Serve on a Speakers' Bureau
- _____ Serve on the Guiding Coalition
- _____ Serving on a Guiding Coalition Team
- _____ Help with Circles Info Meetings and sharing my story
- _____ Attend Big View/Community Focused Meetings
- _____ Receive Circles Emails and Announcement
- _____ Participate in Workdays and/or Family Fun Nights when offered
- _____ Provide assistance with food service
- _____ Provide donations of food
- _____ Provide assistance with childcare
- _____ I desire to opt out of all Circles related activity and communication with Circles Staff until further notice.
- _____ Provide a Learning Experience on Community Learning on the following topic(s):

- _____ Other: _____

My signature below confirms that I have completed the appropriate steps to ensure that my Circle, the Circles community, and Circles Staff have continued to receive the support and care I committed to give as a Circles community member. These steps are as follows:

- Contacted and discussed my Leave of Absence decision with the Circles Staff
- Informed and discussed my decision to take Leave of Absence with my Circle
- Ensured the Leave of Absence paperwork was understood, signed, and returned

Circle Leader Printed Name

Circle Leader Signature

____/____/_____
Date

Circles Coordinator Signature

____/____/_____
Date

Circles Coach Signature

____/____/_____
Date