



## **LEAVE OF ABSENCE FORM**

### ***To receive an away allowance credit***

1. Resident must be on a meal plan/prepaid balance of \$360.00 a month.
2. Resident must be away for over 7 days within the month.
3. Notice of leave may be put in the Payment mailbox in the mail room, dropped by the Accounting office, or emailed to [mturpin@wclynchburg.org](mailto:mturpin@wclynchburg.org).
4. A credit of \$3.75 daily will be issued on your Westminster monthly statement.

**Resident Name:** \_\_\_\_\_  
*For couples, please indicate if both parties will be gone by writing names.*

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_