



OCDS Oklahoma Semi-Province of St. Therese
Leave of Absence in the Discalced Carmelite Secular Order

Optional form for Local Council Use Only.

Not to be confused with the Permanent Record Form for pCloud.

(Only for those in Definitive Promise – see Provincial Statutes Section XVI.7)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell phone: _____ Home phone: _____

e-mail: _____

I would like to request a Leave of Absence beginning on date: _____

and to conclude on date: _____

Leave of Absence may not exceed one year. Local Council may approve two additional years, but member must submit a new request for each subsequent year.

I request this Leave of Absence for the following reason(s):

I understand that if granted a Leave, I will be withdrawing from active participation in the community life until the end of the Leave of Absence. This means I will not be attending community meetings, retreats, or days of recollection.

(Signature of Member)

(Date)

Approved by Council:

(Signature of President)

(Date)