



Greater Hartford Association of REALTORS®  
433 South Main Street, Suite 106  
West Hartford, CT 06110  
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**LEAVE OF ABSENCE REQUEST**

(Please print or type)

I, \_\_\_\_\_, request a leave of absence  
Name of Member  
from \_\_\_\_\_ to \_\_\_\_\_ (maximum of 6 months allowable).

Please explain in detail the reason for your leave of absence request:  
**(Please provide documentation)**

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\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Broker/Office Manager Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date