



**TriHealth**  
 Fitness & Health Pavilion  
 www.TriHealth.com

## Request for Temporary Leave of Absence

**Status:**      Medical      Extended Vacation      Temporary Work Relocation      College Leave

You may place your membership on Leave of Absence status no less than 2 months and no more than 6 months for the following reasons:

- 1) **Medical Leave.**  
 A note from your physician describing your inability to exercise due to injury, illness, or surgery is required. Upon return from leave, a physician's release note is required to reactivate membership and resume exercise.
- 2) **Extended Vacation Leave.**  
 A forwarding address is required. Typically used for those traveling to Florida for the winter months.
- 3) **Temporary Work Relocation Leave.**  
 A note from your company (supervisor) is required detailing the length of your stay 100 or more miles from Cincinnati.
- 4) **College Leave.**  
 Full time students leaving Cincinnati for college can apply for Leave of Absence when attending school.

**Leave of Absences Can Not Be Backdated.** Leave of Absence Forms submitted after the 25th of any given month would not take effect until the last day of the next month. Leave of Absences will be in effect from the first day to the last day of a given month. Leave of Absences will not be prorated to cover partial months.

**Reinstatement from Leave of Absence.** Members must complete a member change form and provide updated billing information to reinstate when returning from Leave. There is no fee to reinstate a membership from a Leave of Absence. However to reinstate, the member must stop in the Member Services office to reactivate your membership. Billing will start automatically on the date you have listed below.

1) Leave of Absence is scheduled to begin on (1st day of the month): \_\_\_\_\_

2) Leave of Absence is scheduled to end on (last day of the month): \_\_\_\_\_

3) Membership fees will automatically be deducted (EFT) again on (first day of the month): \_\_\_\_\_

<b>4) Your Name and any Family Members to be Placed on this Leave (Please Print)</b>	1 _____	<b>5) Forwarding Address During Leave</b>	_____
	2 _____		_____
	3 _____		_____
	4 _____		_____

**6) Locker Rental:** Locker Number \_\_\_\_\_      Cancel Private Locker      Continue Locker Rental      I do not rent

**7) Fees for Monthly Leave of Absence Charge per month when member is gone will be:**  
 1 Person – \$20    2 People – \$35    3 or more People – \$45    College Student (per academic year) – \$30    Medical – No Charge  
*Please make the adjustments to my membership and update current billing information as noted above.*

Member Signature _____	Date _____	Staff Signature _____	Date _____
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Staff Use Only:  
 Physician Letter Received    Forwarding Address    Employer Letter Received    School ID Presented    Member Card Turned In

Data Entered \_\_\_\_\_ Staff Signature \_\_\_\_\_ M \_\_\_\_\_ B \_\_\_\_\_ EFT    Amount Paid \_\_\_\_\_

Original Copy - Member      Yellow Copy - Administration/Member File