



Counselor Status/Changes Leave of Absence or Resignation

Counselor Name: _____ **Date:** _____

Change of address: _____

Change of phone number: _____

Change of e-mail: _____

Leave of Absence: From _____ **To** _____

LOA is limited to three months.

Resigning as Senior Peer Counselor: _____

Comments: (If resigning we would appreciate it if you please state reason). Thank you.

Person submitting changes: _____