



Certified Occupational Safety Specialist

Leave of Absence Request Form

COSS Management may grant a leave of absence for up to three years if you are temporarily absent from the safety and health practice. You must submit this Leave of Absence Request Form to the COSS Operations Supervisor PRIOR TO YOUR EXPIRATION DATE by fax (225-799-1099) or email info@cooss.net.

Absence Information

Student's Name: _____

Phone Number: _____ Email: _____

Address: _____

Type of Absence Requested (check all that apply):

- Absent from S&H Field Disability Bereavement Unemployment
- Military Duty Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Leave of Absence:

During an approved leave of absence, the number of Recertification CEUs or contact hours required will be reduced by 1 CEU or 10 contact hours per approved year. The reduced CEUs or contact hours may apply to more than one cycle. The leave of absence will not alter the cycle periods and schedule for reporting. To retain your certification, you must continue to pay your \$135 renewal fee during a leave of absence.

Student's Signature

Date

COSS Operations Supervisor's Approval

- Approved
- Rejected

Comments:

of CEUs or Contact hrs. reduced by ___ CEUs or ___ Contact Hours for next recertification cycle.

Original Certificate Date: _____ Original Expiration Date: _____

New Expiration Date: _____ Next Expiration Date: _____

COSS Operations Supervisor's Signature

Date

During a leave of absence, you must continue to pay your recertification dues.

COSS Recertification Fee: \$135.00 for three years.

PAYMENT TYPES ACCEPTED (Check the method you are using):

- Company Check (personal checks not accepted; company check must accompany this registration form and must be made out to Alliance Safety Council)
- Money Order or Cashier's Check (must accompany this registration form)
- Credit/Debit Card
 - Credit/Debit Card Number: _____
 - Expiration Date: _____/_____
 - Name on Card: _____

I hereby authorize the payment of \$135 to the COSS Department for COSS Recertification.

Cardholder's Signature (required): _____

Date: _____