



**Community Hospital
Fitness Pointe®**

9950 Calumet Avenue, Munster, IN 46321
Phone: 219-924-5348 | Fax: 219-924-8581

LEAVE LOCKER RENTAL

Do you rent a locker? Yes No
Will you keep it during your leave? Yes No
Key returned? Yes No
Locker # _____ Initials _____

**PERSONAL LEAVE OF ABSENCE REQUEST
(4 Months Maximum per Calendar Year, Minimum 1 Month must be taken)**

MEMBER REQUESTING LEAVE: _____

EFFECTIVE DATE OF LEAVE: _____

- 1) Prior to taking a Leave of Absence (LOA) from Community Hospital Fitness Pointe®, all monthly charges must be paid in order for the LOA to be approved.
- 2) All LOA's begin on the first of the month. The required paperwork must be completed **BEFORE** that date. Members who are active on the first day of the month must pay for the entire month.
- 3) MEMBERSHIP FEES
 - All monthly membership fees will be suspended during the approved LOA.
 - Upon returning from the LOA the member will pay a prorated fee for the month they return.
 - For the period of the LOA all remaining members on the same account will be increased to the next membership status. (i.e. the First household member will be increased to an Individual member status, etc.)
 - If a member submits a notice of cancellation while on an approved LOA they will be charged one months fee upon acceptance of the cancellation notice to cover the membership fee during the required 30 day notice period.
 - A minimum of 1 month must be taken. If you return in the same month that your leave started, you will be required to pay for the full month.
- 4) RETURN FROM PERSONAL LEAVE OF ABSENCE
 - For any members who do not reactivate their membership within the above stated time frame, **Fitness Pointe® WILL AUTOMATICALLY reactivate your membership at the end of the 4 month personal LOA. You will be charged for the next month respectively.**

I understand and agree to abide by the Leave of Absence policies outlined above.

Member Signature: _____ Date: _____