



*TENNESSEE EXTENSION MASTER GARDENER PROGRAM
Request for Leave of Absence Extension Master Gardener Status*

I have completed my initial certification for the Extension Master Gardener Program and I am requesting a one year leave of absence for reasons I have discussed with my local Extension Master Gardener coordinator. I will begin this leave of absence status as of _____ (insert date) and therefore defer privileges associated with the title Certified Active Tennessee Extension Master Gardener until reactivated.

I understand for reactivation as a Certified Active Tennessee Extension Master Gardener I will need to:

- Inform the local Extension Master Gardener Coordinator of my intent to regain active status
- Complete 25 hours of volunteer service and 8 hours of continuing education
- Sign and return the Extension Master Gardener Volunteer Agreement to the local EMG coordinator

I understand that if I wish to continue my membership with the local Extension Master Gardener association it is my responsibility to renew directly with the _____ Tennessee Extension Master Gardener group on _____ (one year from today).

TEMG's Signature

Date

Local TEMG Coordinator's Signature

Date