

AmeriCorps Member Time-Off Request

Please complete this form for each time off request due to illness, vacation, jury duty, or medical/dental appointments that will conflict with service at your site, weekly member meetings, community service or mandatory special events. **Submit this completed form to Katie Groves, Program Director, prior to taking time off. In the case of illness, submit this form immediately following illness.** This form will be filed in your permanent file. Members will receive a copy of request for their personal files.

Name _____

Today's Date _____

Please check the appropriate box

- Illness
- Vacation
- Jury Duty
- Medical/Dental Appointment
- Training (Please explain)
- Other (Please explain)

For Date(s) / Times _____

Explanation:

For office use only

Program Staff Signature _____

Date _____

Absence is Excused

Absence is Unexcused

Comments:

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