

Request For Leave

Prior approval is to be obtained from the Site Supervisor ***and*** RurAL CAP RAY Coordinator for all leave, except for emergencies or unplanned absence due to illness. ***Verbal*** approval is required for ***one to three days*** leave. Advanced ***written*** approval is required for ***more than three days*** leave.

Approved Request for Leave forms must be attached to and submitted with the timesheet affected. Leave time must be calculated in **days**.

- Type of Leave:**
- Personal Leave (does NOT count towards service hours)
 - Court Leave (DOES count towards service hours)
 - Military Leave (must provide copy of orders)

Amount of Request (In Days): _____

Hours Worked Year to Date: _____

Leave Date: _____

Return Date: _____

Submitted By: _____
(AmeriCorps Member's Name)

Community: _____

Member Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____

To be completed by RurAL CAP:

Approved By: _____
(Print Name) (Title)

Signature: _____ Date: _____