



Member Time – Off Request



AmeriCorps Member's Name / date: _____

AmeriCorps Site: _____

Date(s) requested off: _____

Reason for time off request: _____

Is this time off request approved by site supervisor? **yes** **no**

Supervisor Name: _____

Supervisor Signature / date: _____

Is this time off request approved by AmeriCorps Program Staff? **yes** **no**

Program Staff Name: _____

Program Staff Signature / date: _____

Note: This form must be completed by the member, approved by the site supervisor and submitted to AmeriCorps Program Staff for review AT LEAST 2 WEEKS prior to date requested off. This form must be completed for any regularly scheduled day member will not be attending their site. This includes holidays/furloughs/closures observed by sites not observed by AmeriCorps. Program staff will most likely NOT approve time – off requests if members are behind in hour accrual.