



Leave Request Form

AmeriCorps Member: _____ Date: _____

Program: ABLE – WNY AmeriCorps Program

Type of Leave Requested:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Sick | <input type="checkbox"/> Administration Leave |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Personal Leave |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Family Medical Leave |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Leave of Absence |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Training / Career Development |
| <input type="checkbox"/> Military | |

Date(s) of Leave: From: _____ To: _____

Duration: _____

Explanatory Notes: _____

Member Signature: _____ Date: _____

Approved: _____ Date: _____

Immediate Supervisor