

Mississippi Delta Service Corps/AmeriCorps*VISTA Member Report/Request for Leave Form

NOTE: Leave request forms must be submitted and approved within two weeks prior to the day(s) you are requesting. If you are absent and did not know in advance, this form **MUST** be completed and submitted on the day of your return to the project site. All forms **NOT** submitted in the time mentioned above will be disapproved and if necessary, disciplinary procedures will follow.

Day(s) Absent (Please include the day and date)	Hours/Time Missed
<i>Example: Friday, February 13, 2004</i>	<i>8 Hours (8:00a.m.—5:00 p.m.)</i>
	Total Hours Missed:

The reason I was/will be out (check the appropriate reason):

Family Illness

Jury Duty

Personal Business

Personal Illness

Vacation

Other (explain): _____

Comments: _____

MDSC/A*VISTA Member Signature: _____ Date: _____

Project Supervisor Signature: _____ Date: _____

APPROVED DISAPPROVED

MDSC/A*VISTA Program Associate Signature: _____ Date: _____

APPROVED DISAPPROVED

MDSC/A*VISTA Project Director Signature: _____ Date: _____

APPROVED DISAPPROVED