



# APPALACHIA CARES / AMERICORPS

*A Program of the Clinch-Powell RC&D Council*

**appalachiacares@clinchpowell.net**

## Personal Leave / Vacation Request Form

AmeriCorps Member Name (Print): \_\_\_\_\_

Host Agency / Site: \_\_\_\_\_

Site Supervisor Name (Print): \_\_\_\_\_

Day(s) Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

AmeriCorps Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To Be Completed By the Site Supervisor and Program Director –

(Check One – If leave is denied, please list reason for denial.)

Site Supervisor Signature	Date	Leave Request Approved	Leave Request Denied
Program Director Signature	Date	Leave Request Approved	Leave Request Denied

### DIRECTIONS:

1. Submit the form to site supervisor for approval.
2. Submit the form to the AmeriCorps program for approval. Scan and email the form to [appalachiacares@clinchpowell.net](mailto:appalachiacares@clinchpowell.net).

NOTE: Your leave request is not valid until the appropriate signatures have been attained. Personal leave will not be granted if a member is behind on service hours, if the leave request is during an unreasonable period of time at the site, or if the member has requested an unreasonable amount of personal and/or sick leave during the term of service. Members must stay in active service at all times – including during pay periods with personal leave / site closures. Members must be on target with hours, and all missed service must be made up. A make-up plan may be requested by the Appalachia CARES program before approval can take place. Please submit your leave request at least 14 days in advance. Last minute leave requests may not be processed in time.