



## KAC Time Off Request Form

KAC Participant Name: \_\_\_\_\_

Host Site: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Dates Requested for Leave: \_\_\_\_\_

Reason for Leave: [vacation, medical leave, jury duty, sick leave, etc.]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Manager Approval:

- Yes  
 No

Program Coordinator Approval:

- Yes  
 No

Participant Signature and Date: \_\_\_\_\_

Participant Printed Name: \_\_\_\_\_

Site Manager Signature and Date: \_\_\_\_\_

Site Manager Printed Name: \_\_\_\_\_

Program Coordinator Signature and Date: \_\_\_\_\_

Program Coordinator Printed Name: \_\_\_\_\_