



KAC Time Off Request Form

Participant Name: _____
Host Site Name: _____
Date of Request: _____
Dates Requested for Leave: _____
Hours Requested per day: _____
Total Requested hours: _____

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

Site Manager Approval:

Yes

No

Time Off Type

Paid Time Off

Unpaid Time Off

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: _____