



FASS AmeriCorps*VISTA Initiative Leave Report



Name of VISTA member: _____ Location/Site: _____
PLEASE PRINT PLEASE PRINT

I certify that I was on official duty for the Florida Alliance for Student Service AmeriCorps*VISTA Initiative from _____, 2007 through _____, 2007. I certify that I have taken the following leaves of absence during
MONTH DAY MONTH DAY

this period and I was serving on the FASS VISTA Initiative the remaining days.

Note: The term of service is one year and requires a full-time commitment (40 hours per week minimum). The full-time commitment means that the VISTA member should be available for the project at all times, except for periods of approved leave.

	How many days off did you have left at the beginning of this month?	How many days were you absent this month?	What were the dates of your absences?	How many days do you have left (total), as of the END of this month?	Comments
SICK (10 per year)					
PERSONAL (10 per year)					

VISTA Member Signature: _____ Date: _____

Approval of Local Site Supervisor: _____ Date: _____

All VISTA members who are part of the FASS AmeriCorps*VISTA Initiative must complete and fax or mail this form by the last day of the month to the FASS office at: fax: 850-922-2928 mail: FASS VISTA Initiative, Attn: VISTA Leader, 325 John Knox Rd., Bldg. F, Suite 210, Tallahassee, FL 32303. The completed form covers the entire month's work history. The original is to be kept in the VISTA member's personnel file. **The FASS office must be notified if a VISTA member is absent from the project for more than three consecutive days (i.e., personal emergency, illness, etc.) or for any unapproved absences.** This is an administrative detail, which, if not properly handled, can adversely affect the individual VISTA concerned.