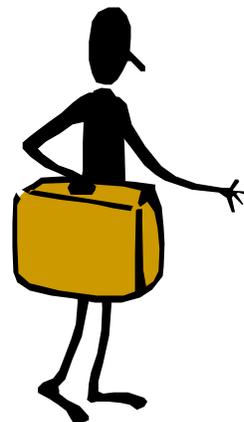


Request for Time-off

Name: _____

Dates Requested: _____

L.I.T. Signature: _____ Date: _____



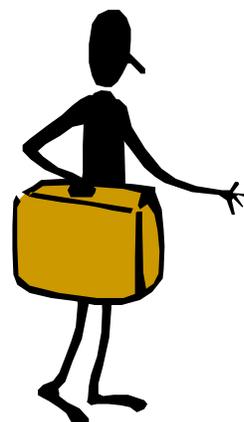
The Mentor and Program
Leader must receive a copy
of your time off request(s).

Request for Time-off

Name: _____

Dates Requested: _____

L.I.T. Signature: _____ Date: _____



The Mentor and Program
Leader must receive a copy
of your time off requests.