

Instructions

Please fill out form for leave requests

Employee Name:

Date:

Project/Department:

Contract or Task # :

Dates of Leave

From:

To:

Number of Days:

Return to Work:

Type of Leave Requested

Annual (vacation)

Disability (attach medical certification)

Leave of Absence (attach written request)

Military Service (attach orders)

Sick (attach doctor's note if 3 or more days)

Jury Duty (attach summons)

Family Medical (attach medical certification)

Leave Without Pay (attach written request with reason)

Bereavement (list name of relative and relationship)

Employee Signature

Employee:

Date:

Signatures

Project Manager or COTR:

Date:

Project Manager or COTR email address:

Reserved for Office Use Only

Sygnetics Approving Official:

Date:

Approved With Pay Without Pay

Denied

Notes: