

LOGISTICS APPLICATIONS INC. REQUEST FOR LEAVE FORM

EMPLOYEE NAME: _____

EMPLOYEE #: _____

JOB SITE: _____

TODAY'S DATE: _____

I am requesting to be absent from work on the following date(s) and time(s) for the following reason(s):

REASON	DATE(S) AND HOUR(S) <small>Indicate hours scheduled away if less than a day (Ex. 8am to 12pm)</small>	REASON FOR REQUEST
PAID TIME OFF (PTO)		
LEAVE WITH OUT PAY		Please attach proper documentation
MILITARY LOA		Please attach proper documentation
JURY DUTY		Must be accompanied by a copy of court notification
FAMILY MEDICAL LEAVE (FMLA)		Please attach proper documentation

EMPLOYEE SIGNATURE

DATE

Substitute needed? Yes No

SUPERVISOR SIGNATURE

DATE

***** LAI reserves the right to cancel leave approval if it is determined by a contract or business necessity *****

Approved With Pay: _____ Without Pay: _____ Not Approved: _____

Reason Request Approved Without Pay or Not Approved: _____

By: _____ Date: _____
SIGNATURE OF APPROVAL