



## LEAVE REQUEST FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting time off for the following dates listed below:

Dates: \_\_\_\_\_

This time will be taken as one of the following:

PTO/Vacation: \_\_\_\_\_ Leave W/O Pay: \_\_\_\_\_

Total Hours Used: \_\_\_\_\_

Backfill Required: Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

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\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Government POC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lead Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EGS Approval

\_\_\_\_\_  
Date