SOF Intelligence Solutions LLC Leave Request Form



EMPLOYEE USE								
Employee Name			Employee Number					
Employee Signature			Date Submitted					
Hire Date								
DATES REQUES	TFD							
Date Hours			Date Hours		Date		Hours	
Duto	110410		Duto	Troure	Juli		110410	
				+	_			
	-		_	+	_			
			_	+	_			
Total Haura	Total Haura		Check with SOFIS HR/Business Operations Manager if available time is unknown					
Total Hours Check with SOFIS HR/Business Operations Manager if available time is unknown								
Available Time		Hrs	1 -				Hrs	
Sick/Personal (SIC)			Vacation (VAC)		Float Ho	liday FHOL		
<u> </u>		Hrs	Vegetion (VAC)		Hrs			
Sick/Personal (SIC)		Iry Di	Vacation (VAC)		Float Holiday FHOL			
(Other/Bereavement /Jury Duty) Requested Time (type) Hrs Comments/Justification								
ricquesteu mine	(typo)	1113	Commence	ioation				
NOTE: Bereave	ment o	Jury	Duty must have ap	opropriate do	cumentati	on forwarde	d.	
UNPAID LEAVE H		Hrs			LWOP Hours as of Date # Hrs			
LWOP Requested								
		•						
M1 Coordinatio	n and Ar	nrova	al - Teadman					
TTT Obordination	тапа Л	, prove	sc Eodan ian					
Approve/Disapprove 1		Nam	ne, Title	Signature		Date		

M1 Approval - Manager/Pro Super, Supervisor								
Name, Title	Signature	Date						
SOFIS Program Manager or Business Operations Manager								
Name, Title	Signature	Date						
	Name, Title r or Business Operations	Name, Title Signature r or Business Operations Manager						