SOF Intelligence Solutions LLC
Leave Request Form

EMPLOYEE USE

Employee Name		Employee Number	
Employee Signature		Date Submitted	
Hire Date			

DATES REQUESTED

Date	Hours		Date	Hours		Date	Hours
Total Hours			Check with SOFIS HR/Business Operations Manager if available time is unknown				

Available Time	Hrs				Hrs
Sick/Personal (SIC)		Vacation (VAC)		Float Holiday FHOL	
Requested Time	Hrs				Hrs
Sick/Personal (SIC)		Vacation (VAC)		Float Holiday FHOL	

(Other/Bereavement /Jury Duty)		
Requested Time (type)	Hrs	Comments/Justification

NOTE: Bereavement or Jury Duty must have appropriate documentation forwarded.

UNPAID LEAVE	Hrs		LWOP Hours as of Date	# Hrs
LWOP Requested				

M1 Coordination and Approval - Leadman

Approve/Disapprove	Name, Title	Signature	Date

M1 Approval - Manager/Pro Super, Supervisor

Approve/Disapprove	Name, Title	Signature	Date

SOFIS Program Manager or Business Operations Manager

Approve/Disapprove	Name, Title	Signature	Date