

Ross Professional Services, LLC

EMPLOYEE PERSONAL/VACATION/SICK LEAVE AUTHORIZATION FORM

I authorize my employer, Ross Professional Services, LLC (RPS), to deduct the following hours from my Personal Leave/Sick/Flex Time Account.

Employee Name (Print): _____

Pay period end date: _____

Requested Personal Leave		
Month/Day/Year	Total Hours	(L) Leave or (LWP) Leave W/out Pay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours:		

Requested Vacation Leave		
Month/Day/Year	Total Hours	(L) Leave or (LWP) Leave W/out Pay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours:		

Requested Sick Leave		
Month/Day/Year	Total Hours	(L) Leave or (LWP) Leave W/out Pay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hours:		

(Total weekly hours cannot exceed 40 hours, including regular hours worked)

Submitted by: _____

(Employee's Signature)

Date

Approved by: _____

(Site Supervisor's Signature)

Date

Approved by: _____

(Employer's Signature)

Date

Please ensure you have adequate leave accrual to cover the hours requested for paid leave (L). Otherwise, (LWP) leave without pay will be deducted on employee's paycheck.

Forward this approved leave form to RPS via email at: info@rpservices.net or via fax at: 202-726-2806

Revised: 04/16/14