



Please check the appropriate box

Requesting Leave Sick Out Tardiness Vacation

TODAY'S DATE: _____

EMPLOYEE NAME: _____

WORKSITE: _____

WORKSITE NUMBER: _____

DATE OF LEAVING: _____ RETURNING TO WORKSITE: _____

PAID VACATION LEAVE: Yes _____ -if yes, please specify total # of hours _____
No _____

*REASON FOR TARDINESS OR LEAVE:

SIGNATURE OF EMPLOYEE: _____

SIGNATURE OF WORKSITE SUPERVISOR: _____

SIGNATURE OF NAI REPRESENTATIVE: _____

***BY SIGNING AND SUBMITTING THIS FORM YOU ARE ACKNOWLEDGING THAT YOU WERE LATE, ABSENT, I.E. VACATION OR REQUESTING LEAVE ON THE ABOVE STATED DATE. IF TARDY, YOU ARE ALSO ACKNOWLEDGING THAT YOU ARE AWARE THAT YOUR PAY WILL BE DOCKED EQUAVELANT TO THE AMOUNT OF TIME YOU WERE TARDY. REGARDLESS OF THE AMOUNT OF TIME YOU ARE REQUESTING I.E. ½ DAY, 1 DAY, ETC., THIS FORM SHOULD BE FAXED TO OUR OFFICE AT 202-296-7558 IMMEDIATELY.**