

APPLEONE

NOTIFICATION OF TIME OFF

All highlighted fields must be completed in relevant section

CURRENT INFORMATION		
Employee Name Currently on File:		Today's Date:
Position:	Sandia Customer Name:	Department Name:

REQUEST FOR TIME OFF/RETURN FROM LEAVE		
Date(s) Requested:	Total Paid Hours (excl. holiday pay) *:	Total Unpaid Hours:
<input type="checkbox"/> Vacation * (hours)	<input type="checkbox"/> Sick * (hours)	
<input type="checkbox"/> Other (hours) <i>explain: (for LOA E-mail transferred to):</i>		<input type="checkbox"/> Return From Leave of Absence
<i>NOTE: If leave of absence is related to medical or pregnancy condition, please attach doctor's note for both leave and returns. If after three days of an absence (sick), an approved doctor's note is required indicating it is ok to return to work.</i>		

SPECIAL COMMENTS:

Signature Information	
Employee:	Date:
AppleOne Representative:	Date:

AppleOne Authorization		
Date Received:	Date(s) Employee is Requesting:	Date Approved:
<i>**Requested time off is subject to department operational requirements and requires advanced approval by your AppleOne representative.</i>		

** By signing above, I understand that if paid leave (i.e. vacation, sick, etc..) is taken in excess of my current available award, I will be financially responsible for paying back AppleOne and/or my final paycheck will be reduced to reflect the difference in the event my employment ends.*

**NOTE: Fax in this completed form with your authorized
Sandia Time Invoice to: (714) 596-7798
or scan and e-mail to: sandiatimecards@appleone.com**

Make sure your AppleOne representative has received all authorized forms and has verified you have time available before you schedule and/or take any time off.