

ATTENTION:



OMV Medical Inc.
6940 Carroll Ave.
Takoma Park, MD 20912
Phone: 301-270-9212
General Fax: 301-270-9335

LEAVE/ABSENCE REQUEST FORM

Your Return Fax Number (_____) _____ or Email Address: _____

Absence Information

Employee Name:									
Employee Position :		Site Location/ Department:		If you wish to claim leave under the Family and Medical Leave Act of 1993, please contact your Contract Manager or OMV HR Department for application instructions.					
Supervisor Name:									
Type of Absence Requested:									
<input type="checkbox"/>	Sick Leave	<input type="checkbox"/>	Annual Leave	<input type="checkbox"/>	Bereavement	<input type="checkbox"/>			
<input type="checkbox"/>	Military Duty	<input type="checkbox"/>	Jury Duty	<input type="checkbox"/>	Maternity/ Paternity	<input type="checkbox"/>	Administrative/Other		
Dates of Absence: From:		First Day of Leave	Time	To:	Last Day of Leave	Time			
Total Number of Days Requested:		Total Number of Hours Requested:							

You must submit requests for absences, other than sick leave, **at least two weeks prior** to the first day you will be absent or prior to the posting of the upcoming work schedule.

Please note: your leave is not approved until signed by your OMV Contract Manager AND your on-site supervisor, either of which may deny your request based on inadequate leave balance or department needs.

I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is for the purpose(s) indicated. I understand that I must comply with OMV Medical's procedures for requesting leave (and provide additional documentation or medical certification if required), and that falsification of this form may be grounds for disciplinary action up to and including termination.

Employee Signature:	Date:
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Approval By OMV Medical, Inc.

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Rejected
Comments:	
OMV Representative Signature:	Date

Approval By On-site Supervisor

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Rejected
Comments:	
Supervisor Signature:	Date

When this request is approved, this form will be faxed or emailed back to you at the department number you supply above.