

Ross Professional Services, LLC

CONTRACT 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.

Contract 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: _____
Contract Employee's Signaure _____ *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 c on contract employee's paycheck.

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