



125A L Street, SE
Washington, DC 20003
Tel: (202) 484-6242

REQUEST FOR LEAVE

This form must be submitted 30 days prior to the requested leave date.

DATE: _____

EMPLOYEE: _____

TYPE OF LEAVE: PTO _____ CME _____

The following leave days are requested:

IS COVERAGE REQUIRED BY DEPT. SUPERVISOR? YES ____ **NO** ____

Comments: _____

SUPERVISOR APPROVAL: (Print Name) _____

(Signature) _____ **(Date)** _____

Phone: _____ **Fax:** _____

MAGNIFICUS EMPLOYEE: (Print Name)

DATE: _____ **SIGNATURE:** _____

APPROVED BY: _____ **DATE:** _____
MAGNIFICUS PROGRAM MANAGER

Fax to: 1-(888)-829-2131

This request has not been approved until both Magnificus Corporation and the on-site supervisor have signed this form. Unless law permits otherwise, leave requests must be submitted in advance to the Magnificus Corporation Program Manager. Approval for such requests is based on the business needs of the clinic and is granted at the discretion of the Corporation on a first come first serve basis. It is your responsibility to review your leave time availability prior to requesting time off as PTO must be used for any work absence. Requests for time off without pay are not allowed unless permitted by law or policy.