



Ardelle Associates, Inc

7002-N Little River Turnpike

Annandale, VA 22003

Phone: 703-642-9050

Fax: 1-866-598-3024

FEIN: 54-1385814

******* Leave Request Form *******

Please use this form when using accrued Paid Time Off (PTO) or Sick Leave. PTO and/or Sick Leave must be taken in 1(one) hour increments. In order to be paid for your PTO, you must submit your request form to the Payroll Office at least 1 week prior to the dates that you are requesting for PTO. In order to be paid for Sick Leave, you must submit your request to the Payroll Office with your weekly timecard. Failure to submit your PTO and/or Sick Leave Request in a timely manner will delay payment of your PTO and/or Sick Leave. Submit this form by faxing to 1-866-598-3024. Please mark which type of leave you will be using.

SICK Leave

PTO Leave

Employee Name: _____

Today's Date: _____

Dates Requested off: _____

Number of Hours per day: _____

Employee Signature: _____

Site Supervisor Approval: _____

PLEASE FAX THIS FORM TO:

1-866-598-3024

****Please call 703-642-9050 to confirm receipt****