



FERMILAB

Accelerator Division/Main Injector Department

REQUEST FOR ABSENCE FROM THE LABORATORY

NAME: _____

DATE: _____

DEPARTMENT: _____

TYPE OF LEAVE: _____

*(Floating Holiday, Jury Duty, Laboratory Business, Leave of Absence,
Leave Without Pay, Military Leave, Vacation)*

DATE(S): _____

TOTAL DAYS: _____

Person in charge during your absence if needed: _____

EMPLOYEE: _____

SUPERVISOR OR DEPT. HEAD: _____

DATE: _____