



ESPIRE SERVICES, LLC  
1945 Old Gallows Rd, Suite 735  
Vienna, VA

## VACATION and LEAVE REQUEST FORM

**This form must be submitted and approved prior to taking leave.**

**NAME:**

**CONTRACT:**

**Type of Leave Requested:**

Paid Time Off (PTO)

Bereavement

Jury Duty

Military Leave

Leave without Pay  
(PTO Must be exhausted)

Other (Explain)

**Start Date:**

**End Date:**

Reason for Request

\_\_\_\_\_  
Employee Signature and date:

\_\_\_\_\_  
Government Supervisor Signature and date:

\_\_\_\_\_  
Program Manager signature and date:

Approve

Disapprove

*If disapproved, provide explanation.*