The SQUIRES GROUP Inc.

410.224.7779

Consultant Leave Request Form

CONSULTANT NAME	PROJECT/ CLIENT
CLIENT MANAGER NAME	CLIENT MANAGER PHONE/ EXT

TYPE OF LEAVE * (Contractors – please check other)

☐ Vacation ☐ Personal Day ☐ Floating Holiday ☐ Other_____

Begin Leave	End Leave	Total Days

CONTACT INFORMATION

In case of a project related emergency, how can The Squires Group or Client reach you?

Hotel: Address: Phone:

Comments:

Consultant Signature	Date
Approval Signature (Client Manager)	Date

FOR TSGi INTERNAL USE

Approval (Employees only)_____ Date _____

Date Rec'd: Leave Eligibility Verified by: Leave Declined by:

Client Notified Date: Approved by (client rep):

- **EMPLOYEE REQUESTS FOR VACATION MUST BE RECEIVED 10 DAYS PRIOR TO TAKING TIME OFF.**
- **CONTRACTORS LEAVE SCHEDULE REQUIRED FOR CLIENT MANAGEMENT AND INFORMATIONAL PURPOSES**

Please fax completed form to 410-224-5755