



Cogent Solutions, Inc

12225 Amos Lane, Suite 303
Fredericksburg, VA 22407

Leave Application Form

Employee Name

Department:

Designation:

Employment Last 4:

Reason for Requested Leave:

Sick Bereavement

Unpaid Leave

Personal Leave

Maternity/Paternity

Other

Dates Requested:

Leave From:

To:

Employee's Signature:

Date:

Manager/Supervisor Approval:

Approved:

Rejected:

Important Comments: