

SARGENT CORPORATION
 378 Bennoch Road, P. O. Box 435
 Stillwater, Maine 04489
 Telephone 207-827-4435
 Fax 207-827-4629

PAID TIME OFF AND EMPLOYEE MAINTENANCE FORM

NAME:	EFFECTIVE DATE OF CHANGE:
FILL IN <i>CHANGED</i> INFORMATION ONLY:	
STREET ADDRESS:	
CITY, STATE, ZIP CODE:	
TELEPHONE NUMBER:	CELLULAR NUMBER:
EMERGENCY CONTACT INFO:	
NAME:	
TELEPHONE NUMBER:	
EMPLOYEE SIGNATURE:	DATE:
<i>Please submit <u>directly</u> to the Payroll Department through your Field Cost Manager or Superintendent</i>	

LEAVE AUTHORIZATION

CHECK BOX x	REASON FOR LEAVE	DATES REQUESTED		NUMBER OF DAYS TAKEN IN WHOLE OR HALF DAYS
		START DATE	END DATE	
	PTO			
	BEREAVEMENT 2 days/year Relationship:			
	BIRTH OR ADOPTION 2 days/year Child's name:			
	LEAVE OF ABSENCE - UNPAID			
	MILITARY LEAVE Please attach Orders.			

PROJECT SUPERINTENDENT	DATE	DEPARTMENT MANAGER	DATE:
<i>Leave Authorization must be completed by the employee, signed off by the project superintendent and forwarded to the Payroll Department in Stillwater</i>			