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Alexandria, Virginia 22305  
**Phone: 703-684-2985**  
**Fax: 703-549-2658**



[www.wagonworkcollision.com](http://www.wagonworkcollision.com)

417 East Clifford Ave.  
Alexandria, Virginia 22305  
**Phone: 703-706-8151**  
**Fax: 703-706-5918**

## **Wagonwork Collision Center Leave Request Form**

Employee Name: \_\_\_\_\_

Leave Date Requested: \_\_\_\_\_

Alternate Date Requested: \_\_\_\_\_

Reason for time off: \_\_\_\_\_

\*\* Remember: Vacation dates should be requested at least a minimum of 30 days prior to date requested! Also, earned vacation leaves may only be taken in one week increments due to the hardship it places on the company. Special circumstances may be extended to an employee when possible and our work flow and work force permits.

Employee Signature: \_\_\_\_\_

Date Requested: \_\_\_\_\_



Vacation Date Approved By: \_\_\_\_\_

Vacation Date Denied By: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_