



Time Away from Site Form

PCV Name: _____ Date of Request: _____

Site: _____ Sector: _____

Personal Time Away from Site

| Date | | Number of Days Used |
|------|----|---------------------|
| From | To | |
| | | |
| | | |
| | | |

Note: Time Away from Site cannot be taken on sequential weeks and cannot be combined with international leave. Please submit your request no later than noon on Thursday and please notify the Out-of-Site Phone (OOS Phone). Inform your site supervisor and primary contact person at site of your whereabouts.

Site supervisor approval is needed if Personal Time Away from Site is taken on a work day.

Site Supervisor Signature: _____ Date: _____

PM approval is required for Personal Time Away from Site travel to Windhoek.

PM Signature: _____ Date: _____

Work-Related Time Away from Site

| Date | | Location | Date Returning to Site | Work Purpose |
|------|----|----------|------------------------|--------------|
| From | To | | | |
| | | | | |
| | | | | |
| | | | | |

Check box if you attached all information related to request for Work-related Time Away from Site as per policy: ☐

Site Supervisor Signature: _____ Date: _____

PM Signature: _____ Date: _____

Note: Submit your request at least one week in advance of commencing travel for Work-related Time Away from Site. Please notify the Out-of-Site Phone (OOS Phone).