



Rejoining After Vacation

Employee Name: _____

Date: / /

Project Name: _____

Client Name: _____

Date Returned to Project: / /

Employee Name (Please Print)

Date

Signature

IMPORTANT: If this form does not reach the Human Resources Department within seven (7) days of you reporting to the project site, we will assume that you are still on vacation. Please fax the completed form to AccoSol at 916 967 7515

For Office Use Only

Received By: _____

Date: _____