



**BABATEK INC D/B/A IMPETUS SYSTEMS & CAREERS**  
**137 Kreischer St, Staten Island, New York 10309**  
**Phone: 732-246-4555, Fax: 732-875-0462**  
**Website: [www.impetususa.com](http://www.impetususa.com)**

## **EMPLOYEE HANDBOOK**



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## **I. PURPOSE OF THE EMPLOYEE HANDBOOK**

This Handbook does not constitute a contract between you (“Employee”) and Babatek Inc, d/b/a/ Impetus Systems and Careers (“Company”), but rather serves as an acknowledgement that Employee is aware of and will adhere to all Company policies referenced and set forth herein. Employee can be subject to discipline for failure to adhere to any of the foregoing policies and procedures. Company reserves the right to modify, revoke, suspend, terminate, or change any or all such plans, policies, or procedures in whole or in part with or without notice.

## **II. EMPLOYMENT POLICIES**

### **A. Employee Introductory Period**

All employees are subject to an introductory probation period of six (6) months in which they must demonstrate satisfactory performance while fulfilling the employer and client needs. At all times during this period the employer-employee relationship is still considered to be one of definite-term employment and all terms of the employer-employee relationship apply.

### **B. Equal Opportunity Employer**

Company is an equal opportunity employer and does not engage in any unlawful discrimination or harassment based on race, color, religion, sex, age, national origin, veteran’s status, marital status, physical or mental disability, or any other basis prohibited by applicable federal, state, or local laws. If Employee feels as though he or she has been discriminated against for any of the above reasons, Employee must bring it to the attention of their supervisor or the Human Resource Department (“HR Dept.”) immediately.

### **C. Reasonable Accommodations Under the American Disabilities Act**

Upon notice, Company will take immediate action to provide reasonable accommodations that do not cause Company undue hardship for an employee with a qualified disability pursuant to the American Disabilities Act.

### **D. Anti-Harassment and Anti-Discrimination Policy**

Company takes the issue of employees being harassed very seriously. Not only is this type of conduct strictly prohibited, but it can result in the immediate termination of the harasser.

If Employee believes they are the victim of sexual harassment, they are required to speak with their supervisor immediately, or in the event your supervisor is involved, consult with the HR Dept. In the event that Employee is providing services off-site, they must bring it to the immediate attention of their off-site supervisor, as well as Company. The HR Dept. will launch an immediate investigation into the complaint. It is *important to note*, that although the HR Dept. will do their best to retain ultimate confidentiality throughout their investigation, disclosure of some information may be required.



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Once any investigation has commenced, if Employee is found to have engaged in sexual harassment, they will be subject to immediate termination, or other severe disciplinary actions. It is a violation of Company policy for any supervisor or individual in a position of authority to engage in retaliatory actions against the victim.

#### **E. Discipline and Termination of Employment**

All disciplinary and termination procedures are implemented and upheld in an effort to aid in the improvement of performance, as well as the efficiency of Employee.

If Employee violates any Company policy or procedure, or client site policy or procedure, they may be subjected to any of the following disciplinary actions:

1. Oral warnings and reprimands;
2. Written notices of performance deficiencies;
3. Probation;
4. Suspension (including reduction in hours and wages for a number of hours and/or days, but not for more than Six (6) months, dependent on the severity of the offense(s). Notice of suspension shall be provided to Employee in writing); or
5. Termination.

Any disciplinary action need not take the aforementioned order and depending on the severity of the offense(s), particular procedures may be bypassed. Any disciplinary action taken against Employee will be reflected in their file and may have a negative effect on any future merit raises and/or evaluations.

#### **F. Performance Evaluations**

On, or by the anniversary of Employee beginning work, Employee will receive a performance evaluation. Employee's performance evaluation will assess Employee's knowledge in the work / projects they are assigned to, and their contributions in their respective departments or client sites. Based on the evaluation, Employee will be notified of any merit raises or other changes in salary or benefits, if any.

#### **G. Open Communications and Grievance Procedure**

Company takes the well-being and performance of Employee very seriously and therefore has an open door policy for Employee to speak with a supervisor or member of the HR Dept. Employees are always encouraged and welcomed to seek out supervisors to discuss any concerns that they may have or any suggestions to improve the overall atmosphere and performance of Company.

If Employee has any concern regarding an incident that has occurred or feels that they are being treated inappropriately it must be reported immediately to either their immediate supervisor or the HR Dept.



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### **III. HOURS OF WORK AND COMPENSATION**

#### **A. Work Schedule**

Company adheres to a standard work day of eight (8) hours. Employees must complete their required eight (8) hour shift excluding a one (1) hour lunch period from 12:30 pm until 1:30 pm. Company conducts business during the operating hours of 9:00 A.M. and 6:00 P.M. If Employee feels that working additional hours is necessary for the completion of a project or task, they must first speak with their supervisor and receive authorization. Please refer to the Overtime Request Form.

Company may place Employee on a project to perform services at a client location. If so, Employee agrees to adhere to any changes in the standard workday as stated by Company.

#### **B. Compensation and Payroll Policies**

- i. Timesheets:** It is Employee's responsibility to accurately fill out the timesheet and promptly return it to the HR Dept. with the signature of Employee's Project Manager on a weekly basis. Please note that if Employee is performing services at a client site, the client's timesheet submission policy may supersede that of Company. Any failure to submit a timesheet signed by the Project Manager may result in delay of payment for those hours. If Employee is unable to submit a timesheet by 5:00 pm on Monday, Employee must notify the HR Dept. Payroll cannot be processed if timesheets are not properly and timely submitted to Company.
- ii. Pay Period:** Employee will be paid bi-weekly.
- iii. Payroll Deductions:** All payroll checks will reflect a deduction for any of the following required deductions or requested deduction:
  1. Federal and State Employee;
  2. Federal Income Tax;
  3. Medical Insurance;
  4. State Income Tax;
  5. Social Security Tax;
  6. Federal Unemployment;
  7. State Unemployment Insurance;
  8. State Disability Insurance; and/or
- iv. Pay Increase:** Employee is not entitled to a pay increase. Please refer to of Section II, F, Performance Evaluations, for a discussion of when a pay increase may be granted.
- v. Payroll Advance:** Company may provide payroll advances on a case by case basis. If Employee wishes to receive a payroll advance, he or she must fill out the Advance Payroll Request Form, and provide it to the HR Dept. An advance payroll determination will be made by the HR Dept. and Employee will be notified in writing whether such request will be



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granted or denied. Please note, a payroll advance is treated as an early payment for future work performed by Employee and is not considered a loan. Please refer to the Advance Payroll Request Form.

- vi. Expense Reimbursement:** Employee may be entitled to expense reimbursement if (1) Employee obtains prior approval from the HR Dept. before incurring such expense and (2) such expense concerns travel to a client site or relocation of Employee. Upon approval, Employee is required to submit their Expense Reimbursement Form accompanied by all actual receipts. Reimbursement is subject to Company's discretion. Employee may receive reimbursement for expenses such as technology certificates obtained, and travel expenses. In special instances, Employee may be allotted relocation expenses. Please refer to the Expense Reimbursement Request Form.
- vii. Vacation and Sick-Time Requests:** All time-off must be approved prior to Employee's absence. Employee should fill out an Absence Request Form and submit it to their immediate supervisor. Employee will be notified in a timely manner whether such request has been granted or denied. Failure to adhere to this policy may result in the denial of the request or time-off without pay. Please refer to the Absence Request Form.
- viii. Absence-Out Policy:** In the event that Employee cannot make it to work or will be late, and did not previously submit an Absence Request Form, Employee must contact their immediate supervisor, client site supervisor, or the HR Dept., within eight (8) hours prior to the start of Employee's work day. Please note that if Employee is performing services at a client site, the client's Absence-Out Policy may supersede that of Company. If Employee has not accrued sick or vacation days, this will be considered time-off without pay. If Employee engages in this behavior consistently they may be subject to disciplinary procedures, including termination.
- ix. Severance Pay:** At this time, Company does not adhere to any formal severance pay policy. Employee is not entitled to severance pay upon termination and any severance will be determined on a case-by-case basis.
- x. Information:** For any other questions regarding compensation or payroll procedures, please contact the HR Dept.



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#### **IV. BENEFITS AND LEAVE OF ABSENCES**

##### **A. Holidays Observed**

Company recognizes the following holidays and our offices will be closed on the following days:

1. New Year's Day
2. Memorial Day
3. Independence Day
4. Labor Day
5. Thanksgiving Day
6. Christmas Day

Please note that if Employee is performing services at a client site, the client's holiday policies may supersede that of Company. Furthermore, due to business needs Employee may be required to work on Company holidays. Employee will be notified within a reasonable time by their supervisor or manager, if applicable.

##### **B. Holiday Pay**

All full-time Company employees will receive compensation for holidays at that employee's normal rate of compensation.

##### **C. Emergency Closings**

In the event of an emergency such as flooding, snowstorms, etc., the office may be closed. The HR Dept. will contact Employee, notifying them of any office closure. It is Employee's responsibility to ensure that the HR Dept. has Employee's most up-to-date contact information on file (i.e. address, phone number, and e-mail address). If Employee is providing services at a client site, it is Employee's responsibility to learn their emergency closing procedure and comply with it.

##### **D. Insurance**

Currently, Company offers all full-time employees and their dependents Medical health insurance through the provider National General Benefit Solutions, under the plan - **Core Value Flex**, where the employees covered under the insurance can go to any Doctor as our coverage is NOT bounded by any network.

Company also provides for Voluntary Optional Vision and Dental insurance coverage through the provider United Health Care.

For a more complete description of insurance coverage and benefits please contact the HR Dept. All insurance coverage and benefits are subject to change without notice in Company's sole discretion.



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#### **E. Disability Leave of Absence**

Company may grant Employee up to ten (10) days for Employee's full recovery for a leave of absence in relation to a disability, without pay subject to possible pay coverage by disability insurance. Upon returning to work, Employee will be reinstated to the same or a substantially similar position. However, if Employee is within the top ten percent (10%) for highest paid employees, they may not be reinstated to their initial position upon return if it would significantly impact the business operation of Company. Company does reserve the right to designate a physician to examine Employee, whose decision will be determinative with regards to whether a leave is appropriate, or whether Employee can return to work.

#### **F. Maternity Leave Policy**

Employees who have a qualifying event—the birth of a new child—can apply for leave and if the leaves are approved by the company, eligibility for the company's maternity paid leave policy is as follows

- Employees who have completed 3 years of service (6000 hours) will be paid 1 week of salary towards maternity leave.
- Employees who have completed 4 years of service (8000 hours) will be paid 2 weeks of salary towards maternity; and so on.

Employee can also avail this leave partly and may still apply to take the rest of the leave within the first 12 months after the baby is born.

Employee must provide employer at least 30 days' notice if the leave is foreseeable, or as much notice as possible if it's not.

#### **G. Jury Duty Leave of Absence**

Company fully encourages Employee to participate in the jury duty system upon request. If Employee is chosen to participate on a jury, Company requests that Employee inquire as to the estimated length of time Employee will be required to serve and notify Company immediately. Currently, Company permits Employee paid time-off as a result of participating in the jury duty system upon request.

If required by law, Company will compensate Employee the difference between the jury pay received, and Employee's normal compensation rate. Employee is required to provide the HR Dept. with a copy of the order requiring them to appear for jury duty. Please inquire with the HR Dept. for further information if you are chosen to participate on a jury.

#### **H. Witness Duty Leave of Absence**

If Employee is asked to serve as a witness in any judicial proceeding, Employee should contact the HR Dept. to discuss the amount of time-off required.

#### **I. Vacation Leave of Absence**

Employee is entitled to receive up to five (5) days per annum for paid vacation. Any extension beyond Five (5) days will be considered only in serious or extenuating circumstances.



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**J. Bereavement Leave of Absence**

Employee may receive up to one (1) day of unpaid time-off, for the death of an immediate family member such as a parent, sibling, child, or grandparent. Employee should contact the HR Dept. if bereavement leave is necessary.

**K. Sick Leave of Absence**

Employee may receive up to five (5) days for paid time-off for sick leave. Employee should contact the HR Dept. if sick leave is necessary.

**L. Commuter Benefits**

Employees are eligible for Impetus' tax-advantaged Commuter Benefit Program which is administered by WageWorks®.

This is a pre-tax benefit account used to pay for qualified parking and public transit—including train, subway, bus, ferry, and eligible vanpool – as part of your daily commute to work.

For a more complete description of this benefit program and for enrolment please contact the HR Dept.

**M. Dependent Care Flexible Spending Account (FSA) Benefits**

Employees are eligible for Impetus' tax-advantaged Dependent Care - Flexible Spending Account (FSA) benefit Program which is administered by WageWorks®. This is a Pre-tax account that pays for eligible dependent care expenses while you work. The eligible expenses include for Preschool or before / after school programs/ Summer day Camp, Elder day care.

For a more complete description of this benefit program and for enrolment please contact the HR Dept.

**N. 401 K Benefit**

Impetus is committed to help its employees to reach their retirement goals. Impetus partners with ADP to offer a rather generous 401k plan with over 18 different mutual funds from which to choose, including 401K Profit Sharing Plan & Trust ("Plan"). Employees can enroll in the plan during the employment after he/she completes at least 90 days of their employment with us. Employees can also change their contribution amount, fund choices (some restrictions) and other options at any time and multiple times once the account is open.

Additional investment information such as the investments; objectives, strategies and portfolio turnover rate can be found at ADP's Participant website [www.mykplan.com](http://www.mykplan.com) on the "Investment Performance and Information" page.

For a more complete description this benefit program and for enrolment please contact the HR Dept.



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## **V. ADDITIONAL COMPANY POLICIES**

### **A. Employment of Relatives**

Company does not prohibit close family members from maintaining employment at Company. However, it is the strict policy of Company to prohibit close family members to be hired or transferred into a position where their direct or indirect supervisor is their family member, including supervision at a client site. Close family members is defined to be parents, children, spouses, or in-laws.

### **B. Referrals**

Company participates in an employee referral system. Should Employee refer a potential employee directly to Company and said referral employee remains employed with Company for a period of at least three (3) months, Employee shall be entitled to receive a bonus of One Thousand Dollars (\$1,000.00).

### **C. Electronic Communications and Technology**

Company maintains the right to monitor Employee's Internet usage, including all e-mails, and phone usage. If it is found that Employee is abusing their access to such technology, they will be subject to disciplinary action, including termination.

### **D. Health and Safety in the Workplace**

Employee is expected to conduct themselves and their work in a safe manner. Employee must observe safety rules, where posted.

### **E. Violence in the Workplace**

Violence in the workplace will not be tolerated and will be grounds for immediate termination.

### **F. Substance Abuse**

Company will not tolerate substance abuse by Employee. If Employee reports for work and appears to be under the influence of any substance, they will be asked to leave. If Employee exhibits this behavior consistently it may be grounds for immediate termination.

### **G. Outside Employment**

Company does not restrict Employee by limiting their outside employment during non-work hours. However, Employee must abide by the signed Covenant Not to Compete and Not to Interfere, Covenant Not to Solicit, and Covenant of Confidentiality, each an independent and enforceable agreement signed by and between Employee and Company. In addition, Company requests that Employee seek employment where no conflict arises to his or her normally scheduled work hours.



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#### **H. Confidentiality**

During employment with Company, Employee may obtain confidential information. Employee is expected to respect such confidential information in conjunction with the Covenant of Confidentiality signed by and between Employee and Company.

**On behalf of our entire team, welcome!**



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**Receipt and Acknowledgment**

**Receipt and Acknowledgment**

The contents of Company's Employee Handbook are presented as a matter of information only. While Company believes in the plans, policies and procedures described herein, they are not conditions of employment. Company reserves the right to modify, revoke, suspend, terminate or change any or all such plans, policies or procedures, in whole or in part, at any time, with or without notice. The language used in this Employee Handbook is not intended to create, nor is it to be construed to constitute, a contract between Company and Employee.

This is to verify Employee's receipt of the Company Employee Handbook on:

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

By: \_\_\_\_\_

Print Name:

\_\_\_\_\_  
Signature

(1) Original to Impetus; (2) Employee to retain copy for records.



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### **Termination Certification**

This is to certify that I do not have in my possession nor have I failed to return, any documents, data, customer lists, customer records, sales records, or copies of them, or other documents or materials, equipment or other property belonging to Company its successors and/or assigns.

I further agree that, I will preserve as confidential all trade secrets, confidential information, knowledge, data or other information relating to products, processes, know-how, designs, formulas, test data, customer lists or other subject matter pertaining to any business of Company or any of its clients, customers, consultants, licensees or affiliates.

I further acknowledge that for a period of twelve (12) months I will refrain from competing with Company, soliciting any offers from current or former clients or employees of Company and all other conduct prohibited by all agreements between the parties.

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

By: \_\_\_\_\_

Print Name:

\_\_\_\_\_  
Signature

**SIGN WHEN EMPLOYEE IS TERMINATED AND/OR RESIGNS.**

(1) Original to Impetus; (2) Employee to retain copy for records.



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**Overtime Request**

Before an employee can work overtime, they must receive authorization from their immediate supervisor. Below, please list the date and amount of hours you wish to work overtime, as well as a detailed description of the project in which you intend to work on.

**Date(s) & Hour(s) of Request:** \_\_\_\_\_

Please provide an explanation for the request, as well as the project you expect to be working on:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

Employee Name:

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

---

**INTERNAL USE ONLY**

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

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**Advance Payroll Request**

All employees are permitted to request an advance of any intended payroll disbursement. However, the HR Dept. has discretion to accept or deny any request for payroll advancement. Please fill out the information below, and submit to the HR Dept.

**Amount Requested:** \$ \_\_\_\_\_

**Date Check Requested By:** \_\_\_\_\_

**Date Request Submitted:** \_\_\_\_\_

**The advance amount will be deducted from your payroll in:**

- One Installment**
- Two Installments**
- Other** \_\_\_\_\_

(If your employment is terminated or you resign from Company for any reason, the total amount advanced will be deducted from any amount that is due to you. Any outstanding balance owed will be payable to Company in addition to any costs and attorney’s fees. Said dispute is to be brought before binding arbitration according to the American Arbitration Association).

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

\_\_\_\_\_  
 Job Title:

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

**INTERNAL USE ONLY**

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**HUMAN RESOURCES DEPARTMENT SIGNATURE:** \_\_\_\_\_

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**Expense Reimbursement Form**

Employees may be able to obtain reimbursement for any costs incurred that are related to their employment with Company. Expenses will only be reimbursed when Employee has obtained pre-approval for the expense, and Employee has provided the original receipt to the HR Dept.

**Payroll working Period:**

**Amount Requested:** \$ \_\_\_\_\_

**Expense (Place an X on the appropriate line(s) and the amount(s) of the expense(s)):**

Technology Certificates \_\_\_\_\_ \$ \_\_\_\_\_

Mileage Expense (Incl. # of start and end mileage) \_\_\_\_\_ \$ \_\_\_\_\_

Other Travel (i.e., lodging/meal) \_\_\_\_\_ \$ \_\_\_\_\_

Misc. Expense (i.e., books) \_\_\_\_\_ \$ \_\_\_\_\_

(please provide description) \_\_\_\_\_

**Supervisor's Name** \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Employee Name:

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

**INTERNAL USE ONLY**

**PRE- APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**HUMAN RESOURCES DEPARTMENT SIGNATURE:** \_\_\_\_\_

**CHECK NO.:** \_\_\_\_\_ **DATE OF REIMBURSEMENT:** \_\_\_\_\_

(1) Original to Impetus; (2) Employee to retain copy for records.



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**Absence Request Form**

Employees must receive prior authorization for time-off. Below, please list the date(s) you intend to be absent, including the reason.

Date(s) Requested: \_\_\_\_\_

**Reason for Absence (Place an X on the appropriate line):**

Vacation Day: \_\_\_\_\_

Sick Day: \_\_\_\_\_

Unpaid Time Off: \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

By: \_\_\_\_\_

Employee Name:

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

---

**INTERNAL USE ONLY**

**APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_

(1) Original to Impetus (2) Employee to retain copy for records.