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Fax: (866) 751-8406
Website: www.awmalabor.com
Email: h2a@awmalabor.com

Temporary Leave Form **(Salida de voluntaria)**

NOTE: SHOULD THIS EMPLOYEE NOT RETURN TO THE JOB PLEASE NOTIFY AWMA.

ALL H-2A EMPLOYEES THAT DO NOT COMPLETE THE CONTRACT MUST BE REPORTED TO THE APPROPRIATE GOVERNMENT AUTHORITIES.

Mi nombre es _____. Temporalmente estoy saliendo mi empleo en _____ (fecha), y planeo volver en _____ (fecha). Iré directamente a mi casa. Notificaré al patrón si no pueda volver al trabajo por la fecha que es mencionado.

Firma del trabajador
Worker Signature

Passport Number: _____

Employer Signature
Firma del empleador

Birthdate (Fecha de nacimiento): _____

Employer's Name (please print)

Date
(fecha)

My name is _____. I am temporarily leaving my employment on _____ (date), and plan to return on _____ (date). I will be going directly home. I will notify the employer if I am unable to return to the job by the date stated.

Firma del trabajador
Worker Signatura

Passport Number: _____

Birthdate (Fecha de nacimiento): _____

Printed Name of Employer
Firma del empleador

Complete this form and send it to AMWA
in one of three ways.

Employer Signature
Firma del empleador

- (1) Fax to: (866) 751-8406
or
- (2) Scan & email to: h2a@awmalabor.com
or
- (3) Take a picture of the form and text to (202) 810-2962

Date
(fecha)