

GENERAL CIPPS LEAVE INFORMATION FORM

I. COMPANY CONTACTS

COMPANY NUMBER

0	0			
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COMPANY NAME

PRIMARY
CIPPS LEAVE
COORDINATOR

SECONDARY
CIPPS LEAVE
COORDINATOR

(NAME)

(NAME)

(TITLE)

(TITLE)

(TELEPHONE #)

(TELEPHONE #)

APPROXIMATE NUMBER OF SALARIED EMPLOYEES: _____

II. DISTRIBUTION OF REPORTS

REMOTE PRINTING

REPORTLINE

Note: For inquiries on Remote Printing contact rom.potter@doa.virginia.gov
For inquiries on Reportline contact Michael.rider@doa.virginia.gov

AGENCY MAILING ADDRESS

(NAME)

(TITLE)

(TELEPHONE #)