

# REQUEST FOR IBU SENIORITY POINTS AUDIT

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE STATE ID#: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

REQUEST TAKEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_