

## Vacation request Form

Name \_\_\_\_\_

Store # \_\_\_\_\_

Today's date \_\_\_\_\_

Date Requested \_\_\_\_\_

Employee Sign \_\_\_\_\_

Supervisor Sign and approved \_\_\_\_\_

**Do not plan your vacation time off until you get a signed approval form. Making a request does not guarantee time off. Vacation time must be requested and approved at least two weeks prior to time off. You MUST have a trained person to cover your responsibilities while you are off.**