

Vacation Request Form

Must be submitted at least two weeks prior to time off.
Late submissions may be approved at the discretion of leadership.

Date: ____/____/____

Name: _____

Department / Title: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Hours Requested: _____ Hours

Number of Hours Available: _____ Hours

Signature of Employee Date

Approval:

Signature of Supervisor Date

Signature of Manager Date

Please Submit the Original to Leadership