



Employee Vacation Request Form

Employee's Name _____ Date Requested _____

Amount of Vacation Days requesting _____ Starting Date _____ Ending Date _____

Supervisor's Name _____ Signature _____

Approved _____ Declined _____ Date _____

IMPORTANT NOTE

Vacation Forms must be submitted & approved two weeks prior to pay period.
Your vacation days will be paid as normal pay week

A request for vacation does not necessarily mean you will get the dates you fill out.
This is due to overlapping. We cannot have all employees on leave at the same time.
DO NOT BOOK PLANE/HOTEL/CAR or make any other reservations until you have received
Confirmation from the office & Supervisor that you are guaranteed the time you requested.