VACATION REQUEST

EMPLOYEE NAME	DATE
SOC. SEC. NO.	DEPARTMENT

DAY	DATE		TYPE	TOTAL DAYS
MONDAY		☐ 1/2 DAY ☐ FULL DAY		
TUESDAY		☐ 1/2 DAY ☐ FULL DAY		
WEDNESDAY		☐ 1/2 DAY ☐ FULL DAY		
THURSDAY		☐ 1/2 DAY ☐ FULL DAY		
FRIDAY		☐ 1/2 DAY ☐ FULL DAY		
SATURDAY		☐ 1/2 DAY ☐ FULL DAY		
SUNDAY		☐ 1/2 DAY ☐ FULL DAY		
TYPE: V = VACATION, PD = PERSONAL DAY, B = BEREAVEMENT, C = COMP, FH = FLOATING HOLIDAY				

VACATION REQUEST FORM MUST BE SUBMITTED TWO WEEKS PRIOR TO VACATION.
ONLY ONE WEEK MAY BE REQUESTED PER FORM. IF ADDITIONAL VACATION IS REQUESTED BEYOND ONE WEEK, USE A SECOND FORM.

EMPLOYEE SIGNATURE

SUPERVISOR: SIGN AND DATE BELOW INDICATING APPROVAL GRANTED OR DENIED FOR THIS VACATION REQUEST.
SUBMIT COMPLETED FORM TO PAYROLL DEPARTMENT.

SUPERVISOR SIGNATURE	APPROVED ☐ DENIED ☐
REASON FOR DENIAL (IF APPLICABLE)	

DATE REC'D BY PAYROLL	DATE PAYROLL RECORDS UPDATED	BY