

# VACATION REQUEST

EMPLOYEE NAME		DATE
SOC. SEC. NO.	DEPARTMENT	

DAY	DATE			TYPE	TOTAL DAYS
MONDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
TUESDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
WEDNESDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
THURSDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
FRIDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
SATURDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> FULL DAY		
SUNDAY		<input type="checkbox"/> 1/2 DAY	<input type="checkbox"/> 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
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SUPERVISOR: SIGN AND DATE BELOW INDICATING APPROVAL GRANTED OR DENIED FOR THIS VACATION REQUEST.  
SUBMIT COMPLETED FORM TO PAYROLL DEPARTMENT.

SUPERVISOR SIGNATURE	APPROVED <input type="checkbox"/>
	DENIED <input type="checkbox"/>
REASON FOR DENIAL (IF APPLICABLE)	

DATE REC'D BY PAYROLL	DATE PAYROLL RECORDS UPDATED	BY
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