



## VACATION AND / OR TIME-OFF REQUEST FORM

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
DATES REQUESTED OFF: FROM \_\_\_\_\_ TO \_\_\_\_\_  
RETURNING BACK TO WORK ON: \_\_\_\_\_

### *REASON for REQUEST*

☐ - Vacation ☐ - Personal Leave ☐ - Funeral / Bereavement

☐ - Jury Duty ☐ - Family Reasons ☐ - Medical Leave

☐ - To Vote ☐ - Other: \_\_\_\_\_

I understand that this request is subject to approval by my employer.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Management Approval*

Manager's Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Date of Denial: \_\_\_\_\_

Reason Time-Off Denied: \_\_\_\_\_

Notice: 2 HELPING HANDS Management must approve all Requests for Vacation and or Time-Off. Requests for Vacation Time-Off are to be submitted for approval at least 2 weeks prior to the first date requested off.