



A FRANCHISEE OF BURGER KING CORPORATION

CFC VACATION REQUEST FORM

Employee Name: _____

Store: _____ **Position:** _____

of Vacation Days You're Requestion For: _____

From (Vacation Starts): _____

To (Vacation Ends): _____

Return (Back to Work) Date: _____

Employee Signature: _____ **Date:** _____

Approval: Yes / No

Manager's Signature: _____ **Date:** _____

(Below – Office/Manager's Use Only)

Hours Approved: _____ **Hours**

Pay Rate: \$ _____

Total Payout: \$ _____

Total Weeks of Vacation Approved for the Year: One / Two / Three

Total Weeks of Vacation Have Taken as of Year to Date: One / Two / Three