

Vacation Request

Employee: _____ Employee #: _____
Last First Middle

Department: _____ Employment Date: _____
(Month/Day/Year)

Date Submitted: _____

This form must be approved two weeks prior to requested time off:

Vacation Request

Vacation Requested From _____ To _____
(day vacation begins) (day returning to work)

Vacation Requested From _____ To _____
(day vacation begins) (day returning to work)

Vacation Requested From _____ To _____
(day vacation begins) (day returning to work)

Personal Requested From _____ To _____
(day vacation begins) (day returning to work)

Personal of Days Requested:: _____

Sick Leave Request

Sick Leave Requested From _____ To _____
(day leave begins) (day returning to work)

Number of Days Requested: _____

Supervisor: _____ Date: _____

Employer: _____ Date: _____

The employee records show eligibility for vacation/leave as noted below:

	Vacation	Sick Leave
Days Approved for Request:	_____	_____
Total Days Earned:	_____	_____
Total Days Taken:	_____	_____
Balance:	_____	_____