



VACATION REQUEST

NOTE:

This form will originate from the Human Resources Department for verification of eligible vacation days. Once the form has been completed and approved, forward to the Payroll Department.

EMPLOYEE: _____ DATE: _____

POSITION: _____ LOCATION: _____

THIS SECTION TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT:

Vacation Year _____ days

Vacation days used to date: _____ days

Number of vacation days remaining: _____ days

I would like to schedule my vacation as follows:

Number of days

1st Period: _____

2nd Period: _____

3rd Period: _____

Total days requested at this time:

Vacation days remaining after this request:

Employee Signature

Supervisor Approval