



Name of Employee

Department/Building

I request that I be allowed to use vacation days/hrs. on the following date/s:

Date Signature of Employee

Total of Vacation days/hrs. **Remaining**

Number of days/hrs. **Requested**

BALANCE

ACTION:

Approved

Not Approved

Date Signature of Supervisor

THIS FORM IS TO BE SIGNED AND TURN IN TO YOUR SUPERVISOR ONE WEEK IN ADVANCE.