



Vacation Request Form

Please submit your vacation request to your supervisor _____ days prior to the start date of your requested vacation. Vacation may be taken for complete shifts or in _____hour increments. Please obtain your supervisor's approval and keep a copy of this form for your records.

Employee Information:

Name:	Date of Vacation Request:
Supervisor Name:	Department:
Annual Vacation Accrual:	# of Hours Available:

Vacation Requested

Dates:	Number of Hours:						
From/To:	SUN	MON	TUE	WED	THU	FRI	SAT

Comments:

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Vacation Approval:

Supervisor's Signature:	Date:
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