Texas Southmost College

Vacation Request Form

Name: _____   **Employee ID:** _____

Date: _____

Request the following vacation days:

Last Day Worked	First Day of Vacation	Last Day of Vacation	Return to Work	Total Hours Taken

During this vacation, my duties are to be performed by: _____

Total Vacation Hours Accrued to date: _____

Employee's Signature _____

(For Department Use Only)

☐ Approved

Immediate Supervisor's Approval _____

☐ Denied

Remarks: _____

_____

_____

_____

The College District prohibits discrimination, including harassment, against any employee on the basis of race, color, retaliation, gender, national origin, age, disability, or any other basis prohibited by law.