



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: _____
