

Vacation Request Form

Employee Name: _____

Position/Title: _____ **Date Of Employment:** _____

Number Of Days Eligible To Be Taken This Calendar Year: _____

Number Of Days Already Taken This Calendar Year: _____

Number Of Days Not Taken As Of The Date Of This Request: _____

Number Of Days Requested: _____ **Dates Vacation Requested:** _____

While On Vacation I can be reached at:

Address: _____

Phone Number(s): _____

Employee's Signature **Date**

MANAGEMENT	___ <i>Approved</i>	___ <i>Disapproved</i>
Signature: _____		Date: _____
ACCOUNTING	___ <i>Verified</i>	
Signature: _____		Date: _____

NOTE: This form must be submitted for approval at least thirty (30) working days prior to expected vacation commencement.