



Vacation Request Form

Please submit this form for approval at least four weeks in advance of your preferred vacation dates.

Date: _____

Employee Name: _____

Title: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning to Work: ____/____/____

Total Number of Days Requested: _____

Signature of Employee Date _____

Approval:

Manager Date _____