



VACATION REQUEST FORM

Request Date: _____

Employee Name: _____

Type of Leave: _____ **Vacation** _____ **Personal**

First Day & Date Requested:
(Monday-Friday) _____

Last Day & Date Requested:
(Monday-Friday) _____

Total Number of Vacation/Leave Days Requested
(Monday-Friday) _____

Employee Signature: _____

SUPERVISOR/OFFICE:

Approved: _____

Denied: _____

Days Available & Remaining: _____

Supervisor Signature: _____