Vacation Request Form

Please submit at least two weeks prior to date vacation will begin.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Begin Date: |  |  |  |  |  |  |  |
| Return Date: |  |  |  | # of Days |  |  |  |
|  |  |  |  |  |  |  |  |
| Begin Date: |  |  |  |  |  |  |  |
| Return Date: |  |  |  | # of Days |  |  |  |
|  |  |  |  |  |  |  |  |
| Begin Date: |  |  |  |  |  |  |  |
| Return Date: |  |  |  | # of Days |  |  |  |
|  |  |  |  |  |  |  |  |
| Employee Name: |  |  |  |  |
| Employee Signature: |  |  |  |  |
| Date: |  |  |  |  |
| Approved: |  |  |  |  |
|  |  |  |  |  |  |  |  |