Vacation Request Form

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

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