

Vacation Request Form

Date: ____/____/____

Name: _____

Department / Title: _____

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

Returning: ____/____/____

Total Number of Hours Requested: ____ Hours

Number of Hours Available: ____ Hours

Signature of Employee

Date

Approval:

Signature of Supervisor

Date

Signature of Manager

Date

Please Forward The Original To Human Resources