VACATION REQUEST FORM

This vacation request form must be completed and submitted by all employees who wish to take planned time off. The amount of vacation days requested, as well as the vacation's start and finish dates, are essential.

Additionally, all vacation requests must be submitted to the requesting employee's department supervisor for evaluation and approval no later than (XX) days prior to the requested vacation period's stated start date.

Submitting a request for vacation does not guarantee that it will be approved; employees should consult with their manager prior to making travel arrangements, etc., to ensure that the time away from work is possible considering organizational demands.

Note: In the event of an emergency requiring vacation days, the employee should contact their supervisor as soon as possible to make arrangements for time away from work.

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last name) (First name) (Middle initial)

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Vacation Days Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(supervisor signature over printed name)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be kept on file:**

Total vacation days accrued: \_\_\_\_\_\_\_\_ Vacation days requested: \_\_\_\_\_\_\_\_\_\_\_

Vacation days remaining: \_\_\_\_\_\_\_\_\_\_\_