



VACATION REQUEST FORM

Rev. June 29, 2019

Complete the form below and submit to your Manager for his/ her recommendation.

Vacation request must be submitted at least four weeks in advance of requested vacation dates. Vacation time will not be approved for more than the number of earned vacation days available by the Director of Human Resources.

Date of Request: _____

Employee Name: _____, _____, _____ Title/ Position: _____
(Last) (First) (M.I.)

Shop/ Department: _____

Vacation Days Earned: _____ (Located on paystub or contact HR if needed)

Vacation Dates Requested: ___/___/___ through ___/___/___ Returning: ___/___/___

Total Number of Days Requested: _____ **Employee Signature:** _____

Manager's Recommendation: Approval ___ Disapproval ___ _____
Signature Date

Rationale for recommendation: _____

How will schedule be covered during vacation time? _____

Final Decision: Approval ___ Disapproval ___ _____
Signature Date

Rationale: _____

Forward to Administrative Assistant (AA): Received by AA _____
Signature Date

Forward to Director Human Resources: Received by DHR _____
Signature Date

of hours available as of ___/___/___ Vacation: _____ Sick: _____

Pay Period Date: _____ # of Hours Paid: _____