



VACATION REQUEST FORM

EMPLOYEE NAME: _____ DEPT: _____ DATE: _____

FIRST WEEK: _____

SECOND WEEK: _____

1 - DAY: _____

2 - DAY: _____

3 - DAY: _____

4 - DAY: _____

5 - DAY: _____

6 - DAY: _____

7 - DAY: _____

8 - DAY: _____

9 - DAY: _____

10 - DAY: _____

SUPERVISOR'S APPROVAL: _____

CHECK WHEN YOU WOULD LIKE YOUR PAY:

PRIOR TO VACATION NORMAL PAYROLL