**VACATION REQUEST FORM**

* Your request for time off must be submitted and approved by management in advance.
* When more than one employee has requested the same time and when this would make it difficult to provide quality service or meet projected schedules, requests will be considered in the order in which they are received.  Every effort will be made to honor your vacation request.
* Directions:  Indicate your vacation choice(s) in the space(s) below.  Sign, date and forward to your supervisor for approval.

|  |  |
| --- | --- |
| **Name:** [Type Here] | |
| **Date:** [Type Here] | |
| **Vacation date(s) requested:** [Type Here] | |
| **Employee Signature:** [Type Here] | |
| **Notes** [Type Here] | |
| * **Approved** * **Denied** | |
| **Supervisor/Manager Signature:** [Type Here] | **Date:** [Type Here] |