**VACATION REQUEST FORM**

**Employee to Complete**

[Employee Name ]

[Supervisor/Manager]

**Status**

* Full-time
* Part-time

Dates and/or Time off requested. [Date]

**Reason for Requested Time off.**

Refer to your employee handbook for state, federal, and company leave policies. For questions regarding your company’s leave policies, consult with your supervisor/manager.

* Vacation Sick
* Other

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date [Date]

Supervisor/Manager Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date [Date]