# VACATION REQUEST FORM

Please submit this form for approval at least four weeks in advance of your preferred vacation dates.

Date: [Date]

Employee Name: [Employee Name ]

Title: [Title]

Department: [Department]

Vacation Days Earned: [#]

Vacation Dates Requested: [Date] through [Date]

Returning: [Date]

Total Number of Days Requested: [#]

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

Date [Date]

Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date [Date]