# Vacation Request Form

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation Days Earned: \_\_\_\_\_\_\_\_\_\_\_\_\_

Vacation Dates Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Returning: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee

Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Manager

Employer Note: Please be sure to clearly communicate your company’s policy regarding accrued vacation days to your employees.