

# VACATION REQUEST FORM

**INSTRUCTIONS FOR COMPLETION:** Please print when filling out this request. All sections must be completed. Be sure to indicate the exact number of days you will be away from the office. This will enable the Human Resources Department to calculate your paycheck and attendance schedule correctly. Obtain your supervisor's approval and forward the completed request to the payroll department prior to the beginning of the vacation.

**EMPLOYEE:** \_\_\_\_\_

**NUMBER OF DAYS REQUESTED:** \_\_\_\_\_

**FIRST CHOICE:** From \_\_\_\_\_ To \_\_\_\_\_

**SECOND CHOICE:** From \_\_\_\_\_ To \_\_\_\_\_

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EMPLOYEE SIGNATURE

DATE

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SUPERVISOR SIGNATURE

DATE

**PLEASE NOTE:** Give as much advance notice as possible. In cases of conflict, the employee with the earliest request will be given priority. In cases of duplicate or similar request dates, the employee with the earliest starting date will prevail. We will try to accommodate everyone.