



Vacation Request Form

This form is required to be filled out by any employee who wishes to take ANY time off that is more than 2 consecutive days in a row.

Employee Name: _____

Request Date: _____

Dates of requested time: _____ to _____

Number of vacation days being used: _____

**Remember only 5 days are available to employees who have completed 1 yr*

Payment Period Request:

Check how you wish to receive your vacation pay

Week prior to vacation _____

Normal pay schedule _____

Employee's Signature: _____

Manager's Signature: _____ Date _____

Office use: _____

Payroll Acceptance: _____

Manager's Approval: _____