

Vacation Request Form

Date of Request: _____

Employee Information			
Employee Name:		Employee #:	
Manager/Supervisor:		Department:	

Vacation Details:			
Start Date:		Total Days Requested:	
End Date:			
Type of Leave:		If "Other", please specify:	
Additional Information:			

Contact Information:

Phone Number: _____

Email Address: _____

Acknowledgment:

☐ I acknowledge that my leave request is subject to approval and that the information provided is accurate.

Employee's Signature: _____

Date: _____

Approval Information			
Manager's Name:		Manager's Signature:	
Request Status:		Date of Approval:	
Manager's Notes:			