



Employee Name _____

Department _____

Number of Vacation Days Requested _____

Dates:

From	Through
/ /	/ /
(If a holiday occurs during your vacation, please indicate what holiday and date)	
Holiday _____	Date ____ / ____ / ____ .
Holiday _____	Date ____ / ____ / ____ .

Employee Comments:

Employee Singnature _____

Manager Comments:

Manager Approval:

Singnature _____

Administrative Approval:

Singnature _____