VACATION REQUEST

Name _____   Date of Employment _____

Department _____   Title _____ Employee# _____

Shift _____   Number of weeks Requested _____

Vacation Requested as Follows: (Both choices must be within the same 6- week schedule)

1 ST CHOICE						
SUN	MON	TUE	WED	THU	FRI	SAT

I Hereby request to be granted a vacation

starting on _____and ending

on _____ for a total of _____ working

days. I will return to work on.

The following holidays fall within this period:

_____   _____
HOLIDAY/DATE   HOLIDAY/DATE

2ND CHOICE						
SUN	MON	TUE	WED	THU	FRI	SAT

I Hereby request to be granted a vacation

starting on _____and ending

on _____ for a total of _____ working

days. I will return to work on.

The following holidays fall within this period:

_____   _____
HOLIDAY/DATE   HOLIDAY/DATE

_____   _____
EMPLOYEE'S SIGNATURE   DATE

APPROVED _____   DENIED _____

REASON FOR DENIAL _____

_____

_____

_____   _____
DATE   ADMINISTRATION