

# Vacation Request Form

Please submit this form for approval at least four weeks in advance of your preferred vacation dates.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Vacation Days Earned: \_\_\_\_\_

Vacation Dates Requested: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Returning: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Number of Days Requested: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee Date \_\_\_\_\_

Approval:

\_\_\_\_\_  
Manager Date \_\_\_\_\_

Employer Note: Please be sure to clearly communicate your company's policy regarding accrued vacation days to your employees.