Vacation Request Form

Please submit this form for approv	al at least four weeks in adv	ance of your preferred vacation dates.
Employee first name:		<u> </u>
Employee second name:		
Vacation Dates Requested:	through	
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.