



Vacations/Permissions Request

NAME: _____

DEPARTMENT: _____

Please fill out the following information:

Select if it is a personal emergency or vacations:

PERSONAL EMERGENCY: ☐

VACATIONS: ☐

OTHER: ☐

SPECIFY: _____

Days out:

NUMBER OF DAYS OUT:

PERIOD: _____

START DATE: _____

END DATE: _____

Partial leave (by hours):

NUMBER OF HOURS OUT:

PERIOD: _____

START TIME: _____

END TIME: _____

Enter remaining vacation days:

REMAINING VACATION DAYS:

EMPLOYEE'S SIGNATURE _____

APPROVED BY: _____

Name

Signature

DATE APPROVED: _____

REQUEST APPROVED FOR:

DAYS

HOURS

☐ REQUEST NOT APPROVED

Name

Signature

REASON: _____