

Vacation/Days off Request Form

Employee Name: _____ Date: _____

SSN: _____

Date of Employment: _____

After you have filled out the requested time off it must be approved/initialed by your department head before it will be authorized.

*This form is a request and does not necessarily guarantee you those days off.

Vacation Request:

Days requested are: From: _____ Through: _____

Vacation Days available YTD: _____ *Vacation days remaining: _____

Days Off/ Illness:

Employee was off the following day/s due to illness:

From: _____ To: _____

*Total number of sick days taken to date: _____

Days Off/Personal:

Employee requests the following day/s off for personal use:

From: _____ Through: _____ Total: _____

With Pay: _____ Without Pay: _____

Comp. Days:

Comp. day/s employee has earned: _____

Comp. day/s used on this request: _____ From: _____ Trough: _____

Comp. day/s remaining: _____

*To be filled out by an administrator

Comments: _____

Employee's Signature: _____

Manager's Signature: _____