



REQUEST FOR VACATION DAYS

Employee Name:	
Department:	
# of Vacation Days:	
First Day of Vacation: (1)	
Last Day of Vacation: (1)	

(1) Number of vacation includes these days off

Employee Signature	Department Head Signature / Date

Once signed, please immediately forward a copy to Human Resources.

If this is a request for carry-over of earned vacation days into the next calendar year, Human Resources approval is required prior to the employee being advised that they can proceed with their vacation plans.

Human Resources Approval / Date