vacation request form

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| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | | | Approved Supervisor: | | 🞎 Yes 🞎 No |
|  |  | | | Approved President: | | 🞎 Yes 🞎 No |
| Employee: |  | | | Start Date: |  | |
| Department: |  | | | End Date: |  | |
| I am requesting the following dates for my vacation: (Please list date as start of pay week and ending date. Only one week may be requested on a form. An additional form is needed for each additional vacation request.) | | | | | | |
|  | |  |  | | | |
| Supervisor Signature | |  | Date | | | |
|  | |  |  | | | |
| President Signature | |  | Date | | | |
| I understand that until both my Supervisor and the President sign this form, my vacation request is not approved. | | | | | | |
| Employee’s Signature | | | | | | |

Copies to Employee and Employee File