

**Hellenic College/Holy Cross  
Vacation/Time-Off Request Form**

**DATE:** \_\_\_\_\_

**EMPLOYEE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**DATES REQUESTED:** \_\_\_\_\_

**PURPOSE:** ( ) VACATION- # OF DAYS \_\_\_\_\_

( ) PERSONAL- # OF DAYS \_\_\_\_\_

**DEPARTMENT HEAD APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HUMAN RESOURCES APPROVAL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_