

Vacation Request Form

Office of Human Resources

For the Year _____

Employee Name: _____ Department _____

Date of Full-Time Employment _____ Entitlement _____

Vacation time is accrued as stipulated in the appropriate policy documents and cannot be carried over from one year to the next, except under unusual circumstances. Approval for such exceptions can be given only if requested in advance and supported by proper justification.

Vacation periods for all employees should be determined as early as possible in order to assure the efficient operation of the department. Copies of this form, when completed, or amended, shall be retained by the staff member and the supervisor, with a copy forwarded to the appropriate Vice President.

Initial Request	<input type="checkbox"/>	Amended Request	<input type="checkbox"/>
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Start Date	Return Date	Intervening Holidays	Number of Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Days			_____

Vacation has been approved as above.

Supervisor's Signature

Employee's Signature

Date

Date