

# Vacation Request Form

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Approved

☐ Disapproved

Supervisor's Signature \_\_\_\_\_

Employee Note: Return to your immediate supervisor when completed.

Supervisor Note: Forward to the Payroll Department in Springfield when signed.