

VACATION REQUEST FORM

Date _____

Department _____

From _____

(Employee requesting use of accumulated vacation)

I am requesting approval for use of my accumulated vacation hours for the following period:

From _____

(Month/Day/Year)

To _____

(Month/Day/Year)

This is a total of _____ working **days / hours** (*circle one*) of vacation time. Scheduled University holidays or seasonal days are **not** counted in the above.

RESPONSE:

Your request for vacation is **APPROVED**

Your request for vacation is **NOT APPROVED**

Comments:

Employee Signature

University ID #

Administrator/Supervisor Signature

Date

Supervisor keeps original form. Copy of completed form should be returned to employee.