



VACATION REQUEST FORM

PART ONE: TO BE COMPLETED BY EMPLOYEE

PART TWO: TO BE COMPLETED BY DEPARTMENT MANAGER

PART ONE

Employee: _____

Date Submitted: _____

Department: _____

Date of Hire: _____

Months of Service: _____

Vacation Balance Calculation:

Current Net Vacation Balance _____ (A)

Pay periods remaining in Current Year _____

Times Accrual Rate per Pay _____

Equals Remaining Accruals for Year _____ (B)

Projected Year-end Balance _____ (A + B)

Requested vacation hours should not exceed this number

Indicate your first, second and third choice for vacation time below and submit to your supervisor, at least two weeks prior to your requested vacation time.

	1 st choice		2 nd choice		3 rd choice	
	start	return	start	return	start	return
1 st Request	_____					
2 nd Request	_____					
3 rd Request	_____					

The Company retains the right to schedule vacation leave; however, every effort will be made to comply with and employee's requested vacation leave dates, as business and scheduling demands permit.

PART TWO

APPROVED (Circle Choice)

DENIED

Department Manager Signature & Date

General Manager Signature and Date

Forward the approved Vacation Request Form to the Payroll Department.