



VACATION AND LEAVE REQUEST FORM

Your vacation must be submitted, scheduled, and approved by your supervisor in advance
Vacation requires two weeks (minimal) advance notice

Employee Information:

Name: _____	Today's Date: _____
-------------	---------------------

I would like _____ hours of PTO, starting on _____ (date) and ending on _____ (date).

I will return to work on: _____ (date).

Type of Request

<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Sick/Family Sick	<input type="checkbox"/> Jury Duty/Court
<input type="checkbox"/> Personal	<input type="checkbox"/> Floating Holiday
<input type="checkbox"/> Other (please explain)	

Comments: _____

I understand that time away from work is subject to supervisor approval and facility policies. I further understand that if I do not have leave time accrued, I will not be paid for the absence.

Employee Signature: _____ Date: _____

Approved: ☐ Yes ☐ No (Must be completed by supervisor)

Supervisor Signature: _____ Date: _____