VACATION REQUEST AND APPROVAL

Please complete the top half of this form, indicating your first and second choices for vacation approval. Upon completion, submit this form to the payroll department for further processing. No vacation may be approved without first submitting this form to the payroll department.

Employee's Name		
Employee's Employment Loc	ation	
Employee's Date of Hire		
First Choice	Second Choice	
Employee's Signature		Date
	PAYROLL VERIFICATION	
You are entitled to	hours of vacation as of pay perio	d
Payroll Supervisor's Signature	e	Date
	SUPERVISOR APPROVAL	
Your vacation is approved []* Your vacation is not approved [] for the following reasons:
Supervisor's Signature		Date

* In certain instances, a Supervisor may wish to grant vacation even though it has not yet been earned. In such cases they must stipulate whether the vacation time is to be granted with or without pay.

Once completed and signed, the Supervisor is to return the original to the payroll department and a copy to the employee. No vacation will be paid for without this form being submitted to the payroll department.

