

SUPPORT/STAFF VACATION REQUEST FORM

To: _____
(Supervisor/ Administrator authorized to approve vacation requests)

I am requesting your approval to use accumulated vacation for the following period:

From: _____ Through: _____
(Month/Day/Year) (Month/Day/Year)

This is a total of _____ working days of vacation time.

Scheduled Holidays or Seasonal Days are not counted in the total.

(Printed Name of Employee)

(Signature of Employee)

(Date)

Response:

Your Request for vacation is APPROVED**

Your Request for vacation is NOT APPROVED

(Signature of Supervisor/ Administrator authorized to approve vacation requests)

(Date)

** If vacation is approved, a copy of this form should be submitted to Payroll attached to the applicable timesheet.