|  |  |
| --- | --- |
| [COMPANY NAME] | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

[Street address] | [City, ST ZIP Code]

Phone: [Phone number] | Fax: [Fax number] | [Email] | [Website]

# VACATION REQUEST FORM

|  |  |
| --- | --- |
| Employee Name: [Current name] | Department [Department Name] |
| Employee Number: [Number] | Social Security #: [SSN] |
|

|  |
| --- |
| **Type of Absence Requested:** |
| [ ]  Sick | [ ]  | Vacation | [ ]  | Bereavement | [ ]  | Time Off Without Pay |
| [ ]  Military | [ ]  | Jury Duty | [ ]  | Maternity/Paternity | [ ]  | Other |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Absence Duration | From: |  | To: |  |

Reason for Absence

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
| *You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.*  |
| *Employee Signature:*  | *Date:* |

**Manager Approval**

|  |  |
| --- | --- |
|  | Approved [Add Comment] |
|  | Disapproved [Add Comment] |
| Manager Signature: |  | Date signed: [Date] |

### [COMPANY NAME] [Address CITY ST Zip PHONE Email]