|  |  |
| --- | --- |
| [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]