

Vacation Request Form

[COMPANY LOGO]

Please submit this request at least two weeks prior to your first vacation day requested.

Date: _____

Employee Name: _____

Manager's Name: _____

Number of Vacation Days Available: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning on: ____/____/____

Total Vacation Days Requested (Excluding weekends & regular days off): _____

I understand that this request is subject to approval by my employer

Employee Signature: _____ Date: _____

Manager's Approval:

- Accepted
- Rejected

Comments:

Manager's Signature: _____ Date: _____