



VACATION REQUEST

Employee: Please complete and give to your supervisor for approval
(i.e., Property Supervisor or Director)

Date: _____ Employee Name: _____

I am requesting the following dates as vacation time:

_____ through _____
First Day Last Day

Employee's Signature

Due to the possibility of scheduling conflicts, vacation requests or changes to a previous request must be submitted for approval and processing at least two (2) weeks in advance of the start date.

Supervisor's Approval

Date

Supervisor: If approved, please forward original to the Human Resources Department as soon as possible for processing.

Reminder: It is your responsibility to resolve scheduling conflicts to ensure coverage.

Human Resource Department

Date