



VACATION / TIME-OFF REQUEST

INSTRUCTIONS: Please submit your request to your supervisor at least four (4) weeks prior to the requested date you wish to be off work.

This form **MUST** be forwarded to the Human Resources office.

Employee Name (PRINT): _____ Date Submitted: _____

Dates Requested Off : From: _____ through _____

Does this need to be filled: ____ Yes ____ No Date Returning To Work: ____ / ____ / ____

- If you are scheduled to receive a paycheck during your vacation time off, please check here if you wish to have your check mailed to you.
- If you are schedule to receive a paycheck during your vacation time off, please check here if you will be picking up your check at the office.

Employee Signature Date Signed

Supervisor's Signature Date Signed

Original form must be forwarded to Human Resources Date Original sent to HR _____

For OFFICE USE ONLY:

Date Received by HR _____ Approved: _____ Denied: _____

Date Employee Notified _____ Position Filled by: _____

Any questions regarding this request, please call Human Resources at (763) 550-1774