

CLASSIFIED EMPLOYEE VACATION REQUEST

Employee: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

I request the following vacation day(s) (Supervisor must respond within ten (10) days of request.):

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Total Days: \_\_\_\_\_  
month/day/year month/day/year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Total Days: \_\_\_\_\_  
month/day/year month/day/year

If request is for a partial day, please specify total number of hours to be used:

From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m. Total Hours: \_\_\_\_\_

From: \_\_\_\_\_ a.m./p.m. To: \_\_\_\_\_ a.m./p.m. Total Hours: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature Date  Approved  Denied

Reason for Denial: \_\_\_\_\_

- Prior to denial, it is recommended that the supervisor and employee meet to discuss alternate vacation dates.

White Copy: Employee Yellow Copy: Manager/Supervisor **Pink Copy ONLY: Human Resources** (after Manager/Supervisor's signature)

26-9805