



Vacation Request / Approval

Date: _____

To: _____
(Employee's Name)

Dept: _____

In accordance with our company policy, as of _____, you have been in our employ for _____ year(s) / _____ month(s) and are entitled to _____ week(s) / _____ day(s) vacation.

To assist in scheduling vacations, please indicate your first, second, and third choice for vacation time below and return two copies of this form to your supervisor by _____. One copy will be returned to you indicating approved vacation time.

Personnel Department

	First Choice		Second Choice		Third Choice	
	Start	Return	Start	Return	Start	Return
1 st week or days						
2 nd week						
3 rd week						
4 th week						
5 th week						

Date _____

We are happy to approve your vacation time as follows:

Day(s) of _____

Week(s) of _____

Have a wonderful time!

Signed _____

Personnel Department

*Since normal vacation weeks start on Monday, please use Monday dates.