

Vacation Request Form

Employee Name: _____ Dept: _____

Supervisor: _____

Date of Full-time Employment: _____

Total # of Vacation Days: ☐ 10 ☐ 15 ☐ 20 ☐ 25 ☐ Other: _____

(Other is applicable for Academic Full-time employees and new employees who don't have a full bank)

Vacation time is accrued as stipulated in the Employee Handbook and is not carried over year to year. Every July 1 a new bank of vacation days begins. Vacation periods for all employees should be determined as early as possible in order to assure the efficient operation of the department.

Start Date	Return Date	Intervening Holidays	Number of Days
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Days			_____

Vacation has been approved as above.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____