

VACATION REQUEST
AND
OTHER REQUESTED TIME OFF

DATE: _____

DEPT: _____

NAME: _____

REQUESTED VACATION OR OTHER TIME OFF DATES:

EMPLOYEED OVER ONE YEAR:

VACATION DUE FOR PERIOD ENDING: _____

TO BE TAKEN WITHIN PERIOD: _____

EMPLOYEED OVER ONE YEAR- **MUST** AVERAGE 25 HOURS
PER WEEK PREVIOUS YEAR.

(VACATION - 5 DAY WEEK/OFF 2 DAY = 1 WEEK)

APPROVAL:

DATE

General Manager

DATE

Vice President

Fax to Payroll @ (540) 723-4937