**Vacation Request Form**

Please submit this form for approval at least four weeks in advance of your preferred vacation dates.

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| --- | --- |
| **Date:** | Click or tap to enter a date. |
| **Employee Name:** |  |
| **Title:** |  |
| **Department** |  |
| **Vacation Days Earned:** |  |
| **Vacation Start Date:** | Click or tap to enter a date. |
| **Vacation End Date:** | Click or tap to enter a date. |
| **Total Number of Vacation Days Requested:** | |

Employee Signature Date

|  |  |
| --- | --- |
| **Approved?** | □ Yes □ No |

Manager Signature Date