



OFFICE OF HUMAN RESOURCES

## Vacation Request Form

### Vacation Information

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Vacation Entitlement:

- Employed One (1) Year = One (1) week vacation (5 work days)
- Employed Two (2) Years = Two (2) weeks vacation (10 work days)
- Employed Three (3) or more years = Three (3) weeks vacation (15 work days)

Dates of Vacation: From: \_\_\_\_\_ To: \_\_\_\_\_

Previous # of days taken: \_\_\_\_\_  
# of days for this request: \_\_\_\_\_  
Balance of vacation remaining: \_\_\_\_\_

*You must submit requests for absences (except sick leave) two days prior to the first day that you will be absent.*

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

### Cabinet Level Approval

- Approved
- Rejected

Comments:

\_\_\_\_\_  
*Cabinet Level Signature*

\_\_\_\_\_  
*Date*