

Vacation Request Form

Employee information

Name: _____

Department: _____

Leave request: _____ ☐ Days ☐ Hours

Dates of absence. From _____ To _____

Type of leave: Vacation

Reason for the Leave request

I understand that this request is subject to approval by my employer.

Employee signature _____

Date _____

Manager approval

☐ Approved ☐ Rejected

Manager signature _____

Date _____