

Vacation Request Form

Date of Request:

Employee Information	
Employee Name:	
Employee #:	
Department:	
Manager/Supervisor:	

Vacation Details:	
Start Date:	
End Date:	
Total Days Requested:	
Type of Leave:	
Additional Information (Optional):	

Contact Information:	
Phone Number:	
Email Address:	

Acknowledgment:

I acknowledge that my leave request is subject to approval and that the information provided is accurate.

Employee's Signature:

Date:

Approval Information	
Manager's Name:	
Manager's Signature:	
Request Status:	
Date of Approval:	
Manager's Comments (Optional):	