

# Vacation Request Form

**Date of Request:**

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**Employee Information**

Employee Name:

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Employee #:

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Department:

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Manager/Supervisor:

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**Vacation Details:**

Start Date:

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End Date:

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Total Days Requested:

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Type of Leave:

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Additional Information  
(Optional):

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**Contact Information:**

Phone Number:

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Email Address:

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**Acknowledgment:**

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

Employee's Signature:

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Date:

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**Approval Information**

Manager's Name:

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Manager's Signature:

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Request Status:

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Date of Approval:

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Manager's Comments  
(Optional):

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