



VACATION REQUEST FORM

Name: _____

Date(s) Requested: _____

Applicant's Signature

Date

Approved: _____

By: _____

Disapproved: _____

Date: _____

TO BE COMPLETED BY OFFICE:

Days Allocated: _____ **Days Remaining:** _____

Previously Used: _____ **Days Requested:** _____

Distribution: White – Payroll Pink – Administrator/Supervisor
 Yellow – Employee

04/04/03
cdi/vacation form