



# Vacation/Leave Request Form

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

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Department

Type of Leave:  Personal Day

Sick Time

Selling Vacation

\*\* Are you on direct deposit ( Yes or No )

Vacation (To be eligible for overtime, this document must be turned in to and approved by supervisor a minimum of two weeks prior to the date of leave.

\_\_\_\_\_  
Date(s) of Request

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Supervisor Signature

\_\_\_\_\_  
Date



# Vacation/Leave Request Form

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

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Department

Type of Leave:  Personal Day

Sick Time

Selling Vacation

\*\* Are you on direct deposit ( Yes or No )

Vacation (To be eligible for overtime, this document must be turned in to and approved by supervisor a minimum of two weeks prior to the date of leave.

\_\_\_\_\_  
Date(s) of Request

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Supervisor Signature

\_\_\_\_\_  
Date