

Support Staff

Vacation

Request Form

Employee's Name: _____ Date: _____

A regular full-time employee receives:

Up to four years of employment 2 weeks

After five years of employment 3 weeks

After nine years of employment 4 weeks

(Only half of your annual earned vacation can be carried over.)

Vacation due as of January 1 (including carryover): _____ week(s) _____ day(s)

Less vacation previously taken this year: _____ week(s) _____ day(s)

Current Balance: _____ week(s) _____ day(s)

Vacation Requested

(Please use one form per request.)

Beginning Date: _____

Return to work on: _____

Total weeks/days taken: _____

Balance: _____

Employee's Signature: _____

Date: _____

Dept. Director's Approval: _____

Date: _____

Dept. Director's Approval: _____

Date: _____

Dept. Director's Approval: _____

Date: _____

Executive VP's Approval: _____

Date: _____

