VACATION REQUEST FORM

Employee Name: _____

Location: _____

	Date	S	M	T	W	T	F	S
Week 1								
Week 2								
Week 3								
Week 4								

V= Vacation Day
E= EDO (5/4)
S= Stat Holiday

Employee Signature: _____

Supervisor Signature: _____

Date: _____

Submit to Administration