

VACATION REQUEST FORM

Date of Request: _____

Name _____

Employee # _____

Vacation dates requested:

Day 1: _____

Day 6: _____

Day 2: _____

Day 7: _____

Day 3: _____

Day 8: _____

Day 4: _____

Day 9: _____

Day 5: _____

Day 10: _____

Hold my check in the office.

Mail my check.

Direct Deposit

APPROVED:

Foreman or Project Manager

Operations

Date received in Payroll Dept.: _____