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Vacation Request Form

Please submit this form to your **(insert authority)** at least **(insert timeframe – i.e., two)** weeks prior to the requested vacation start date, for approval.

Current Date	
Employee Name	
Employee ID Number	
Position	
Department	
Name of Supervisor/Manager	
Number of Vacation Days Requested	
Start Date (DD/MM/YYYY)	
End Date (DD/MM/YYYY)	
Employee Signature	

A copy of this form will be placed in your personnel file and may be forwarded to the payroll department.

Approval

Name	
Signature	
Title	
Department	

Unapproved

Name	
Signature	
Title	
Department	
Reason for unapproval	