



VACATION REQUEST

Name: _____ Title: _____ Today's Date: ___/___/___

Maintenance Disa Manual Shop Melt Administrative/ Clerical Millroom

Dates Requested: ___/___/___ through ___/___/___ returning to work on ___/___/___

Total Number of Hours Requested _____

If 4 hours: are you working 1st half of the day _____ or 2nd half of the day _____?

Approved:

Denied:

Employee Signature: _____

Date: ___/___/___

Supervisor Signature: _____

Date: ___/___/___

HR Director Signature: _____

Date: ___/___/___

If your Vacation Request is not filled out completely, your request could potentially be delayed or denied. It is the employee's responsibility to ensure that they have adequate time to cover their vacation request.