



**Your Company Name**  
 123 Company Lane - New York, NY 12345  
 Tel. (123) 456-7890 - Fax. (123) 456-7890

# VACATION REQUEST

Name \_\_\_\_\_ Date of Employment \_\_\_\_\_  
 Department \_\_\_\_\_ Title \_\_\_\_\_ Employee# \_\_\_\_\_  
 Shift \_\_\_\_\_ Number of weeks Requested \_\_\_\_\_

Vacation Requested as Follows: (Both choices must be within the same 6- week schedule)

1 ST CHOICE						
SUN	MON	TUE	WED	THU	FRI	SAT

2ND CHOICE						
SUN	MON	TUE	WED	THU	FRI	SAT

I Hereby request to be granted a vacation starting on \_\_\_\_\_ and ending on \_\_\_\_\_ for a total of \_\_\_\_\_ working days. I will return to work on.

The following holidays fall within this period:

\_\_\_\_\_ HOLIDAY/DATE  
 \_\_\_\_\_ HOLIDAY/DATE

I Hereby request to be granted a vacation starting on \_\_\_\_\_ and ending on \_\_\_\_\_ for a total of \_\_\_\_\_ working days. I will return to work on.

The following holidays fall within this period:

\_\_\_\_\_ HOLIDAY/DATE  
 \_\_\_\_\_ HOLIDAY/DATE

EMPLOYEE'S SIGNATURE

DATE

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

REASON FOR DENIAL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE

ADMINISTRATION