

VACATION REQUEST FORM

Office Support & Operations Management Above Store

Request Date: _____

Department: _____

Employee: _____

Supervisor: _____

Vacation Start Date: _____

End Date: _____

Paid Vacation: _____

Not Paid Vacation: _____

Employee Signature: _____

Supervisor Approval Yes _____ No _____

Supervisor: _____

Supervisor Signature: _____

Payroll Review Date: _____

Reviewed By: _____

Payroll Signature: _____