THIS FORM SHOULD BE SUBMITTED PRIOR TO THE TIME REQUESTED FOR VACATION

I hereby request authorized vacation leave for a total of _____ days.

Return to work on _____

Date: _____
Discretionary Day

APPROVAL:

_____
Supervisor

_____
Employee Signature Date

_____
Department Chairman/Director

Month:

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	**30**	31				