

FORM-18: Vacation Request Authorization Form

To be completed by employee

Site: _____

Employee Name: _____ Seniority Date: _____
(year/month/day)

Date(s) requested: _____

Employee's signature: _____ Date: _____

To be completed by supervisor

Date received from employee: _____

Number of vacation days employee has remaining for current year _____
(Including the dates listed above)

Employee is eligible to request vacation: yes no
(If the employee is not eligible to apply for vacation the supervisor will return the form to the employee).

Supervisor's signature: _____

To be completed by Human Resources

Approved/Denied: _____

Date returned to employee: _____
(Return to employee by the end of 7 working days after receipt date)

Signature/Authorization: _____

Date Stamp Received