

FORM-3: Vacation Receipt/Authorization Form –Administration

Site: _____

Receipt date: _____
(Cannot be authorized before 59 days prior to requested time off)

Employee Name: _____ Years of Service (**HIRE DATE**): _____
Year/Month/Day

Date(s) Requested: _____

FOR OFFICE USE ONLY: (To be completed by Supervisor/Coordinator or designate)

Date Received from Employee: _____

Date of Return to Employee: _____

Authorization/Denial: _____
(Return to employee by the end of 10 working days after Receipt Date)

Coordinator (or designate) Authorization: _____

This request is being processed as an exception Yes No

Cc: Employee (after authorized/denied)

PLEASE NOTE: Supervisors will advise the applicable Manager(s) of approved vacations requests.

DATE STAMP RECEIVED