Vacation Request Form

Policy 30-020, 30-035

Quarter: \_\_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Approved: \_\_\_\_\_\_\_\_\_**

**Coord initials: \_\_\_\_\_\_ Pending: \_\_\_\_\_\_\_\_\_**

**Notify by: \_\_\_\_\_\_\_\_\_**

**INSTRUCTION:** You should discuss your request for vacation with your coordinator first. If he/she approves, they will provide you with a vacation request form, or he/she will fill one out for you. The form should be sent to Shirley to determine if she can provide coverage (determined by other requests). COORDINATORS: Only forward requests to Shirley that you support. Within 3 working days, Shirley will return form to coordinator with her decision. A copy will be forwarded to the staff on their next shift. **All requests should be made 2 weeks in advance, minimum.**

**1.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**has requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_off and will be taking vacation.

**(Staff Name)** **(Date and Times i.e.: 4/31 8am-6pm)**

**\*\*\*** **WHILE FINDING YOUR OWN COVERAGE** (with staff from your assigned job site) **DOES NOT GUARANTEE APPROVAL,** arranging for coverage may increase the odds of approval if the time(s) you have requested are already taken.

**2.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has agreed to work this shift. \_\_\_\_\_\_\_\_\_\_\_

**(Staff Name) (Staff Initials)**

**NOTE:** If vacation time is available, employees are required to use paid vacation time first. Employees may be granted one unpaid shift (up to 24 hours) off per quarter.

**DO NOT WRITE BELOW THIS LINE FOR OFFICE USE ONLY**

Vacation available for use: \_\_\_\_\_\_\_\_\_\_\_\_

Reason not approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_Hrs. verified

\_\_\_\_\_\_Logged

\_\_\_\_\_\_On schedule Revised 1/16

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\_\_\_\_\_\_Hrs. verified

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\_\_\_\_\_\_On schedule Revised 1/16