



## VACATIONS REQUEST FORM

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Company: \_\_\_\_\_ Employee Number: \_\_\_\_\_

EMPLOYEE	
Start date	
End date	
Return date	

HUMAN RESOURCES	
Number of days authorized	
Number of pending days	

APPOVAL & SIGNATURES			
Employee		Manager/Supervisor	
Financial/ Academic Direction		Human Resources	