

VACATION REQUEST

ABC Company
Street Address
City/State/Zip
Telephone and fax

Date: _____

Name: _____

Department: _____

Dates:

From: _____

To: _____

	Total vacation days accrued
	Total vacation days taken
	Total vacation days available
	Number of days requested
	Total vacation days remaining (if request approved)

Approval: _____

Manager Signature: _____

Date: _____