

EMPLOYEE INFORMATION

VACATION / PERSONAL TIME OFF REQUEST AND APPROVAL

NAME:		DEPT:
you indicating approved	vacation/pto time. Per th	ur supervisor for approval. One copy will be returned to e Employee Handbook, Vacation is to be scheduled in lness, injury, or other personal reasons.
d		teface Lodge and your specific ne approval/denial of any request
Date(s) requested		
Total number of hours re	equested:	
Vacation Hours	Personal Time Hours -	· <u></u>
EMPLOYEE SIGNATURE		DATE
(When completed, return t	his form to your supervisor.)	
We are happy to app	rove your Vacation / Pe	rsonal Time Off request
Approved By:		Date:
Please do not write in sp	ace below, for HR use only.	
Vacation:		
Earned	Used	Balance Available
Personal time off:		
Earned	Used	Balance Available
Pay period(s) of request:	Thru (Pay peri	od is Fri-Thurs)