



# VACATION REQUEST FORM

Employee Name (Print): \_\_\_\_\_ Division: \_\_\_\_\_

Employee Category: BAE  P&S  TEC  PostDoc  Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

'DLO\ZRUNLQJ KRXUV: 7.0 7.5 8.0 8.5 9.0 9.5 Other \_\_\_\_\_

First Working Day Away Year/Month/Day	Last Working Day Away Year/Month/Day	Total Vacation Days To Be Taken	Total Lieu Days To Be Taken

If applicable, please specify an alternate contact for your while you are away:

Operational Responsibilities	Alternate	Extension/Phone Number
_____	_____	_____
_____	_____	_____

This request should be completed/submitted at least twice as far in advance as the length of requested time off. Changes to the vacation plan must be submitted to HR prior to the "First Working Day Away" as above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After approval employee must photocopy and distribute copies to:

Original to Human Resources      Reception Copy      Divisional Admin. Copy