



HUMAN RESOURCES CENTER, INC

Human Resources Center, Inc.

VACATION REQUEST FORM

All requests for vacation must be submitted in writing. All requests must be submitted two (2) weeks in advance and approved by your immediate supervisor. Vacation must be taken in full day or half day increments. If canceling a previously approved vacation request, complete this form and mark the designated cancellation box.

Today's Date: _____

Employee's Name: _____

Department: _____

Employee's Shift: _____

Requested Time Off:

Date(s):

From: _____ To: _____

* Only include the days you are taking off and not the days before and after.

Total Hours: _____

_____ Please cancel my vacation for the dates listed above

Employees Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Approved: _____ Not Approved: _____

Reason: _____

1 Vacation time can be used in four (4) hour increments only.**

2 Send only the original form to Human Resources (DO NOT FAX or EMAIL).**

3 All vacation requests must be approved by the immediate supervisor, not HR.**

Human Resources Signature: _____ Date: _____