

Vacation Leave Notice Form

Instructions: Please fill out this form to request vacation leave. Submit this form to the HR Department for approval at least two weeks in advance of your requested leave date.

Employee Name:	<input type="text"/>
Department:	<input type="text"/>
Position/Title:	<input type="text"/>
Leave Start Date:	<input type="text"/>
Leave End Date:	<input type="text"/>
Date of Return:	<input type="text"/>
Number of Days Requested:	<input type="text"/>
Reason for Leave:	<input type="text"/>
Contact Information During Leave:	<input type="text"/>

Employee Acknowledgement

I acknowledge that I have reviewed my responsibilities and completed any required tasks prior to my vacation. I agree to provide assistance regarding coverage, if necessary.

Signature: _____ Date:

For HR/Management Use Only

Approval Status: ☐ Approved ☐ Denied

Supervisor/Manager's Name:

Signature: _____

Date:

Comments: