

## 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:

Department:

Position/Title:

Leave Start Date:

Leave End Date:

Date of Return:

Number of Days Requested:

Reason for Leave:

Contact Information During Leave:

### 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:

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### For HR/Management Use Only

Approval Status:

Approved  Denied

Supervisor/Manager's Name:

Signature:

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Date:

Comments: