

Leave Authorization Form (Vacation Request)

Employee Name: _____

Employee ID/Number: _____

Department: _____

Manager/Supervisor: _____

Type of Leave: **Vacation**

Leave Start Date: _____

Leave End Date: _____

Reason for Leave: _____

Contact Details during Leave: _____

Date of Request: _____

Employee Signature:

Date: _____

Manager/Supervisor Authorization:

Approved Not Approved

Comments: _____

Manager/Supervisor Signature:

Date: _____