

VACATION REQUEST

- Initial Request
- Change Request

NAME: _____

DATE: _____

Classified
 Confidential
 Management

Department No.: _____

OFFICE USE ONLY:	DATES REQUESTED (SHOW ACTUAL WORKING DATES)
Payroll Verification:	

APPROVAL OF DATES REQUESTED

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

FORM NO. P-111

MANAGER: SUBMIT TO PAYROLL
CLASSIFIED: ENTER ON TIMESHEET (DO NOT SUBMIT TO PAYROLL)

Save Form

Email Form