

# St. Thomas More College

## VACATION REQUEST AND APPROVAL

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Employee's Name)

Department: \_\_\_\_\_

Our records indicate that you are presently entitled to \_\_\_\_\_ day(s) **vacation.**  
week(s)

To assist in scheduling vacations, please indicate your first and second choices for annual vacation time below and return to the Business Office. A copy will be returned to you indicating approved vacation time.

First Choice			Second Choice		
Starting date	Returning date	# of Work days	Starting date	Returning date	# of Work days

Employee Signature: \_\_\_\_\_

Vacation time approved: First Choice:  Second Choice:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_