

VACATION REQUEST FORM

Employee Name: _____ Date Submitted: _____

Hours worked per week: _____

Hours of available accrued vacation: _____

Dates Requested: _____

Family(ies) _____ notified and in agreement? Yes No
enter family(ies) name(s)

Instructions:

- ◆ Inform family(ies) of vacation dates requested.
- ◆ Complete this form and submit to your Clinical Director for authorization **at least** one month prior to date(s) of requested vacation.
 - ◆ Request **does not** guarantee authorization.
- ◆ Final decision regarding vacation approval rests with your Clinical Director.

Failure to submit vacation request with appropriate notice may result in denial of request.

Office Use Only-Please Do Not Write Below This Line

Authorization of Clinical Director:

Approved/Denied: _____ Date: _____