



Vacation/Holiday Request Form

I would like to request:

☐ **VACATION**

_____ day(s)

_____ hours (minimum of 2 hours then in increments of 30 minutes)

on _____
date(s)

For a total of: _____ hours

☐ **WELLNESS HOLIDAY**

_____ hours (minimum of 2 hours then in increments of 30 minutes)

on _____
date(s)

For a total of: _____ hours

☐ **FLOATING HOLIDAY**

_____ day(s)

_____ hours (minimum of 2 hours then in increments of 30 minutes)

on _____
date(s)

For a total of: _____ hours

☐ By my signature below, I verify that I have (or will have before the time off is taken) sufficient Paid Time Off available to me to cover this request.

☐ I have attached my completed Wellness Card

Employee Signature: _____ Date: _____

I approve of this request: _____ Date: _____
Supervisor's Signature

☐ Denied Reason: _____
