

VACATION FORM

ORIGINAL REQUEST FORM _____

CHANGE REQUEST FORM _____

REQUEST TO FILL POSTED VACATION OPENING _____

EMPLOYEE # _____

DATE OF REQUEST _____
(Today's Date)

EMPLOYEE NAME _____

CREW # _____

EMPLOYEE JOB TITLE _____

CREW COORDINATOR _____

EMPLOYEE SIGNATURE _____

SENIORITY DATE _____

VACATION WEEKS

original	original	original	original	original	original
change	change	change	change	change	change

HOLIDAY IN VACATION DAYS OFF? NO _____ YES (dates) _____ for week of _____

ADVANCE PAY YES _____ NO _____

VACATION DAYS

original	original	original	original	original	original
change	change	change	change	change	change

Approved by _____

Work schedule _____
Vacation schedule _____
Booked leave _____
Copy Cr.Coord _____