



VACATION REQUEST FORM

Employee Name		Date Request Submitted
Department		
Beginning Date	Ending Date	Hours Requested
Type of Time (Vacation, Personal Time, Emergency Leave, Compensatory, etc...)		

*** NOTE: Exempt employees are not allowed comp time. Non-exempt employees may have comp time available if approved by supervisor.**

Are others off the same day?	If yes, how have you arranged for coverage (if applicable):
To whom shall we direct questions during your absence?	

Please Note: "City policy prohibits vacation leave being granted for hours not yet accrued".

Approved Date and Signature (Supervisor)	Not Approved Date and Signature (Supervisor)
Approved Date and Signature (Department Head)	Not Approved Date and Signature (Department Head)