

AQUINAS COLLEGE

SALARIED EMPLOYEE VACATION REQUEST FORM

Directions

Employee: Complete and forward original to supervisor for approval.

Supervisor: When approved, forward one signed copy to employee and another to Payroll Department, Hruby Hall Room 131.

Name: _____ Department: _____

Vacation requested beginning on _____ through _____

for a total of _____ day(s).

I shall return to work on: _____

My paycheck stub indicates I have _____ unused vacation days.

Address or phone number where you can be reached during this vacation period:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____