



PAID TIME OFF FORM

Today's Date:	
Name:	
Jobsite:	Supervisor:

VACATION DATES REQUESTED:

Date/Day	Date/Day	Date/Day	Date/Day
<p>I am requesting the above dates for my vacation. I understand that until my Supervisor approves this request, my vacation time is not approved.</p>			
<p>By clicking the box, I agree that this constitutes as my electronic signature.</p>			
_____ Employee Signature		_____ Date	
Approved <input type="checkbox"/>		Disapproved <input type="checkbox"/>	
_____ Supervisor Signature		_____ Date	

HUMAN RESOURCE USE

<p>By clicking the box, I agree that this constitutes as my electronic signature.</p> <p>Employee has _____ hours of vacation available to cover the above request.</p> <p>Employee has used _____ hours of vacation year to date.</p>	
_____ Human Resource Department Signature	_____ Date

Vacation Request Forms are obtained from the Human Resource Department and forwarded to your Supervisor for approval or disapproval. You will receive notification of the approval or disapproval.