

NORTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS

VACATION REQUEST

DATE: _____

EMPLOYEE'S NAME: _____ DEPARTMENT: _____

EMERGENCY CONTACT INFORMATION WHILE ON VACATION: _____

VACATION DAYS BEING REQUESTED:

START DATE: _____

END DATE: _____

TOTAL WORKING DAYS ABSENT: _____

Office Use Only

Years of service _____

Entitlement (2014) _____

Forwarded from () _____

Total days due _____

Less this request _____

Vacation days remaining

as of () _____

NOTE: Vacation requests are to be submitted at least three weeks in advance. DO NOT BEGIN VACATION UNTIL WRITTEN APPROVAL RECEIVED.

EMPLOYEE'S SIGNATURE

IMMEDIATE SUPERVISOR'S SIGNATURE

APPROVING OFFICER'S SIGNATURE

Date Received: _____