



Vacation Request Form

Employee Name: _____ Date Submitted: _____

Employee Hire Date: _____

Number of Vacation Days Available: _____ Number of Vacation Day Being Used: _____

Date(s) you would like to schedule your vacation: From _____ To _____

Person(s) who will be filling in for you in your absence: _____

This form must be turned in to your immediate supervisor for approval of your vacation request. If you have not received a signed copy of this form within 5 days, ask for it! Your vacation has not been approved until you receive a signed copy. Once approved, a copy of this form must be given to the Payroll department to insure payment of your vacation benefit.

Your vacation has been approved

Your vacation has been denied

Reason for denial: _____

Approved by



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