



Temporary Employee Vacation Request Form

Please submit this form for approval at least two weeks in advance of your preferred vacation dates. All time off requests should be submitted to your staffing specialist and will need approval from your supervisor/manager of your current assignment. Please refer to the handbook for any questions or clarification on using and requesting vacation time.

Date: _____

Employee Name: _____

Title: _____

Company of Assignment: _____

Vacation Days Earned: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Signature of Employee Date _____

Approval:

Manager Date _____

Employer Note: Please be sure to clearly communicate your company's policy regarding accrued vacation days to your employees.