



ANNUAL VACATION REQUEST AND APPROVAL FORM
(PREPARE IN DUPLICATE)

Date _____

To: _____
(Employee's Name)

Branch: _____

In accordance with our Library policy, as of _____, you have been in our employ _____ year(s) and are
(date) month(s)
entitled to _____ week(s) vacation.
day(s)

To assist in scheduling vacations, please indicate your first, second, and third choice for vacation time below and return both copies of this form to your supervisor by _____. Once copy will be returned to you indicating approved vacation time.

	First Choice		Second Choice		Third Choice	
	*Start	Return	Start	Return	Start	Return
1 st week or days						
2 nd week						
3 rd week						
4 th week						
5 th week						
Employee Signature _____ Supervisor Signature _____						

*Since normal vacation weeks start on Monday, please use Monday dates.

Date _____

We are happy to approve your vacation time as follows:

Day(s) of _____
Week(s) _____

Library Director Signature _____

