|  |  |  |
| --- | --- | --- |
| **Employee name:**  | **Date:** | **Vacation days available:** |
| **Is this a change in dates already requested? Y / N** | **Total days requested:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week 1** | **Day 1** | **Day 2** | **Day 3** | **Day 4** | **Day 5** |
| **Date:** |  |  |  |  |  |
| **Site:** |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |
| **Coverage:** | Y / N | Y / N | Y / N | Y / N | Y / N |

If coverage is not required, please circle reason: regular staff on site will cover / board approved no coverage /

vacation time less than or equal to two days / other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Week 2** | **Day 6** | **Day 7** | **Day 8** | **Day 9** | **Day 10** |
| **Date:** |  |  |  |  |  |
| **Site:** |  |  |  |  |  |
| **Hours:** |  |  |  |  |  |
| **Coverage:** | Y / N | Y / N | Y / N | Y / N | Y / N |

If coverage is not required, please circle reason: regular staff on site will cover / board approved no coverage /

vacation time less than or equal to two days / other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please list any Meetings, Events or Special Activities or Projects that need coverage during the time requested:** |  |

|  |  |
| --- | --- |
| Will any of this vacation be covered by Lieu time: Y / N  If yes, how much? *(In hours or days)* | Manager Approval for Lieu time: *Please initial* |
| Employee Signature: |  |  |
| Supervisor Signature: |  | Date: |
| Senior Manager Signature: |  | Date: |
| HR Signature: |  | Date: |