

VACATION REQUEST FORM
2016—2017 VACATION YEAR



NAME: _____

EMPLOYEE ID: _____ **Full-Time (100%) Employee**

DATE: _____ **Part-Time/Modified (<100%) Employee**

PLEASE INDICATE DATES AND HOURS:

Example for one day: 15TH (7HR)

Example for a range of dates: 15th – 19th (35 HRS)

APRIL 2016	OCTOBER 2016
MAY 2016	NOVEMBER 2016
JUNE 2016	DECEMBER 2016
JULY 2016	JANUARY 2017
AUGUST 2016	FEBRUARY 2017
SEPTEMBER 2016	MARCH 2017

Should I leave UFV prior to March 31, 2017, I authorize an adjustment to be made on my final pay to compensate for any vacation time taken but not yet accrued.

EMPLOYEE Signature

DATE

<p>SUPERVISOR:</p> <p><input type="checkbox"/> Please confirm employee has vacation hours available prior to signing request.</p> <p>_____ SUPERVISOR/DIRECTOR Signature</p>		<p>HR INTERNAL:</p> <p>_____ DATE</p> <p>_____ INITIALS</p>	
<p>_____ DATE Approved</p>			

Form should be forwarded to Human Resources when signed