



VACATION LEAVE REQUEST & APPROVAL FORM

Employee's name: _____

Department: _____

Records indicate _____ paid vacation hours as of _____

Aesop Job No#

This must be completed for each absence.
Note: **NOT** your PIN number.

	List Date(s)	
First week		
Second week		

Aesop Job No#

This must be completed
for each absence.
Note: **NOT** your PIN number.

Aesop Job No#

This must be completed
for each absence.
Note: **NOT** your PIN number.

	List Date(s)		List Date(s)	
<u>Daily usage</u> Dates of request				

Signature of employee _____
Date

Approved by:

Signature of supervisor Date

Signature of executive offices Date