



## 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)**

Daily usage  
Dates of request


\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of executive offices

\_\_\_\_\_  
Date