

UNION COLLEGE

VACATION REQUEST FORM

All employees seeking to use vacation time must complete and submit a vacation request form. The number of vacation days requested, along with the beginning and end dates of the vacation are required. Also, all vacation requests must be submitted by the requesting employee to their department supervisor for review and approval. The department supervisor shall then submit the vacation request to the business office for processing and approval. All vacation request forms **must** be submitted to the business office for processing and approval no later than two (2) full weeks before the stated begin date of the requested vacation period. ***NOTE: No vacation leave shall be granted without the prior review and approval of the employee's supervisor. Further, no vacation leave shall be granted without proper submission of this form to the Union College Business Office within two (2) weeks prior to the begin date of the requested vacation period.** ***In the event of an emergency, the employee along with their supervisor shall immediately contact the Director of Human Resources so that arrangements regarding use of days can be made.*

Employee: _____
(Last) (First) (MI)

Department: _____

Vacation Days Requested: _____ (Required)

Vacation Begin Date: _____ (Required)

Vacation End Date: _____ (Required)

Requested by:

Employee Date Requested

Reviewed and Approved by:

Employee Supervisor (Required) Date

(For Business Office use and purposes only)

Total Vacation Days Accrues: _____ Vacation Days Requested: _____

Vacation Days Remaining: _____

Verified by:

Coordinator of Payroll and Benefits Date

Approved by:

Director of Human Resources Date