



SYCAMORE TOWNSHIP

ADMINISTRATION & MAINTENANCE

VACATION TIME REQUEST FORM

Employee Name: _____ Date: _____

Total number of vacation hours being requested:

List each date separately.

Day 1: _____	Hours Used: _____
Day 2: _____	Hours Used: _____
Day 3: _____	Hours Used: _____
Day 4: _____	Hours Used: _____
Day 5: _____	Hours Used: _____
Day 6: _____	Hours Used: _____
Day 7: _____	Hours Used: _____
Day 8: _____	Hours Used: _____
Day 9: _____	Hours Used: _____
Day 10: _____	Hours Used: _____

Vacation Days Available _____

Vacation Days Used _____

Vacation Days Left _____

Approval

_____ Employee's Supervisor

_____ Administrator

_____ Human Resources