



Vacation Authorization Form

Employee Name: _____

Do not type in colored fields

Total days requested:

Total days requested, not taken (cancelled):

Remaining available vacation days:

Request Number	Date(s) requested:	Number of day(s) being requested	Number of days requested, not taken
1			
2			
3			
4			

Employee Signature / Date

Manager/Supervisor Approval / Date

Submit signed/dated request to Manager/Supervisor for approval. After approval, make a copy for your records and submit the original to the Administrative Coordinator.