



ST. ANNE'S CATHOLIC CHURCH

Vacation Request Form

I, _____, hereby request a vacation

leave commencing _____ through _____,

a total of _____ vacation days.

I have been advised that the total number of vacation days presently accrued total

_____.

Thank you for your attention to this matter.

Signature of Employee

Printed Name of Employee

Date: _____

EMPLOYER AUTHORIZATION

Request Approved: _____ Date: _____

Request Denied: *(Specify Reason)* _____

By: _____ Title: _____

****NOTE**** *For staff use only.*

Revised: November 22, 2013