

VACATION REQUEST FORM

Date: _____

Employee Name: _____

Requested Vacation Dates: _____

Employee Signature: _____

**** (All vacation requests are subject to corporate approval and will only be approved by Scott Darnell. Requests must be submitted 30 days in advance.)**

**Vacation benefits: After first year of employment 40 hours annually
After third year of employment 80 hours annually**

To be filled out by corporate only

Hire date: _____

Date of last vacation: _____

Corporate Approval: _____