## HOLIDAY INN WEST KELOWNA

## **Employee Vacation Request Form**

EMDLOVEE INFORMATION

An employee requesting time off must submit this completed form to their direct report for approval. If the direct report approves the time they will sign the form and provide a copy of the signed form to the employee and to the Accounting department or General Manager of the property. The Account department or General Manager will then confirm the Pay Period Ending Date for processing at the bottom of the form and send to Head Office for payroll processing.

EMPLOTEE INFORMATION				
Name:				
Position:				
VACATION DAYS BEING REQUESTED				
From (MM/DD/YY):	_ To (MM/DD,			
(first day off work)	(las		t day off work)	
Accrued Vacation Entitlement Available				
Accrued vacation (RA) as per the most recent pay period			(a)	
Hourly Rate OR Annual Salary / 2,080 hours			(b)	
Accrued vacation entitlement in equivalent hours			(c)=(a)/(b)	
Vacation Entitlement Requested to be Taker	ı			
Vacation days being requested requested			(d)	
Average hours per scheduled shift			(e)	
Vacation entitlement to be taken in equivalent hours			(f)=(d)x(e)	
Accrued Vacation Entitlement Remaining	HOURS		\$	
Accrued vacation entitlement available		(c)	(c)x(b)	
Vacation entitment to be taken		(f)	(f)x(b)	
Accrued vacation entitlment remaining		(g)=(c)-(f)	(g)x(b)	
Special notes:				
APPROVAL				
Employee Signature:	_ Date (MM/	Date (MM/DD/YY):		
Direct Report Signature:	Date (MM/DD/YY):			
ACCOUNTING DEPARTMENT / GENER	RAL MANAG	ER PROCESS	ING	
Pay Period Ending Date for Processing (MM/D	D/YY):			
Date Submitted to Head Office (MM/DD/VV)				

