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:	Employee Number:		
Position:	Department:		
VACATION DAYS BEING REQUESTED			
From (MM/DD/YY):(first day off work)	To (MM/DD/YY):		
		(last	(last day off work)
Accrued Vacation Entitlement Available			
Accrued vacation (RA) as per the most recei	ne most recent pay period		(a)
lourly Rate OR Annual Salary / 2,080 hours			(b)
Accrued vacation entitlement in equivale	/alent hours		(c)=(a)/(b)
Vacation Entitlement Requested to be Taken	1		
Vacation days being requested requested			(d)
Average hours per scheduled shift	rage hours per scheduled shift		(e)
Vacation entitlement to be taken in equivale	ent 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/DD/YY):		
Direct Report Signature:	Date (MM/DD/YY):		
ACCOUNTING DEPARTMENT / GENER	AI MANAGED	DDOCESSII	NG
Pay Period Ending Date for Processing (MM/DI			
Date Submitted to Head Office (MM/DD/YY):			

