



# Spelman College

## VACATION SCHEDULE REQUEST

### **Instructions:**

This form is to be completed by the employee for the purpose of requesting vacation (time off). The supervisor's signature of approval is required. The supervisor should retain the original, and the employee should retain a copy.

Employee Name: \_\_\_\_\_

Office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list below the choice of vacation weeks and/or days:

<u>Month</u>	<u>Dates</u>	<u>Total Days</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature (indicates approval)*