

NORTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS

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**VACATION REQUEST**

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DATE: \_\_\_\_\_

EMPLOYEE'S NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION WHILE ON VACATION: \_\_\_\_\_

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VACATION DAYS BEING REQUESTED:

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

TOTAL WORKING DAYS ABSENT: \_\_\_\_\_

**Office Use Only**

Years of service \_\_\_\_\_

Entitlement (2014) \_\_\_\_\_

Forwarded from ( ) \_\_\_\_\_

Total days due \_\_\_\_\_

Less this request \_\_\_\_\_

Vacation days remaining

as of ( ) \_\_\_\_\_

**NOTE:** Vacation requests are to be submitted at least three weeks in advance. DO NOT BEGIN VACATION UNTIL WRITTEN APPROVAL RECEIVED.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
IMMEDIATE SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
APPROVING OFFICER'S SIGNATURE

Date Received: \_\_\_\_\_