



TOWN OF ROWE

VACATION REQUEST FORM

EMPLOYEE NAME: _____

DATE OF HIRE: _____

I AM REQUESTING THE FOLLOWING TIME AS VACATION:

FROM: _____ TO _____

WILL BE RETURNING TO WORK ON: _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

Office Use Only

Updated in Calendar: _____

Updated in Vacation Log: _____

Updated in Employee File: _____

Vacation Days Allotted: _____

Vacation Days Used per
Vacation Requests to Date
(including this one): _____

Vacation Days Available: _____