



EMPLOYEE VACATION OR UNIVERSAL TIME OFF REQUEST FORM

Date of Request: _____

Employee: _____

Dates/Hours Requested: _____

Vacation Request: _____ Universal Time Request _____

Amount of Vacation Available (see last paycheck): _____

Amount of Universal time Available (see last paycheck): _____

Comments:

Supervisors Signature: _____

Date: _____

Vacation Approved _____

Vacation Denied _____

Universal Time Approved _____

Universal Time Denied _____

Comments: