

University of the Pacific

VACATION REQUEST FORM

Position Number: _____

Organization Number: _____

FROM: _____
(Employee requesting use of accumulated vacation)

I am requesting approval for use of my accumulated vacation hours for the following period:

From: _____
(Month/Day/Year)

To: _____
(Month/Day/Year)

This is a total of _____ working *days* of vacation time. Scheduled University holidays or seasonal days are **not** counted in the above.

Response:

_____ Your request for vacation is **APPROVED**.

_____ Your request for vacation is **NOT APPROVED**.

Print Employee Name

I.D. Number

Administrator/Supervisor Signature

Date