



FARMHOUSE
..... G R O C E R Y

Request for Use of Vacation Time or Personal Days

Please complete and submit this form to your Department Manager.

Request Date

Employee Name (First and Last Name)

Office Title

Vacation Time/Personal Time Earned

Please fill in the dates you are requesting off

Day you plan to return to the office

Employee Signature

Date

Department Manager to fill in below.

Approved or Not Approved

Total Amount of Days/
Hours Requested by Employee

If NOT Approved, Explain Why

Department Manager

Date

