VACATION REQUEST FORM

	day of
20	, by and between
	("Employee") and
	("Employer"), collectively referred to as the
"Parties."	
1. PURPOSE	
The purpose of this Form is to allo	ow the Employee to formally request time off for vacation,
facilitating approval and scheduling	ng by the Employer.
2. REQUEST DETAILS	
-	
Employee Name:	
2. REQUEST DETAILS Employee Name: Employee ID: Department:	
Employee Name:	
Employee Name: Employee ID: Department: Position: Requested Vacation Start Date:	

Total Number of Vacation Days Requested:	
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3. EMPLOYEE ACKNOWLEDGMENT

By submitting this Form, the Employee acknowledges that the requested vacation is subject to approval by the Employer and that the Employer reserves the right to deny the request based on business needs or other considerations. The Employee agrees to provide any additional information required by the Employer to process this request.

4. EMPLOYER RESPONSE

The Employer will respond to this request within ______business days of submission. Approval or denial of the request will be communicated in writing to the Employee. If approved, the Employer will provide confirmation of the approved vacation dates.

5. OBLIGATIONS AND RIGHTS

The Employee agrees to ensure that all responsibilities and duties are covered during the requested vacation period. The Employer agrees to consider the request in good faith and provide a timely response.

6. DEFAULT AND REMEDY

In the event that the Employee takes vacation without prior approval, the Employer reserves the right to take disciplinary action, which may include but is not limited to, revocation of vacation days, suspension, or termination of employment.

7. GOVERNING LAW

This Form shall be governed by and construed in accordance with the laws of the State of
8. SEVERABILITY
If any provision of this Form is found to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect.
9. ENTIRE AGREEMENT
This Form constitutes the entire agreement between the Parties regarding the subject matter hereof and supersedes all prior agreements, understandings, and communications, whether written or oral.
10. NOTICE
Any notice required or permitted under this Form shall be in writing and shall be deemed delivered when delivered in person or deposited in the United States mail, postage prepaid, addressed as follows:
Employer:
Employee:

11. AMENDMENT

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This Form may	α nl α	he amended	or modified	hw a	written	agreement	cioned	hv	hoth	Parties
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12. TERMINATION

This Form may be terminated by mutual written agreement of the Parties or by either Party upon providing written notice to the other Party.

13. SIGNATURES

IN WITNESS WHEREOF, the Parties have executed this Form as of the date first above written.

Employer:
Signature:
Date:
Print Name:
Employee:
Signature:
Date:
Print Name:
Witness:
Signature:
Date:
Print Name:
Notary Public:
Signature:
Date:

Print Name:			
Commission Expiry:		day of	
	, 20		

This Form is ready for immediate use, printing, and signing. Please ensure all blanks are filled in prior to submission.