HAMMONDS TECHNICAL SERVICES

VACATION REQUEST/PERSONAL ABSENCE AND TIME OFF REPORT

❑ **VACATION REQUEST-** Remember, this is a request. On a Department basis, it is first come, first served. We will not short a Department due to vacations.

❑ **PERSONAL DAY/UNPAID-** Must be completed ASAP.

❑ **TIME OFF-** Unexpected, so complete upon your return to work.

Name: _____ **Date Submitted** _____

Date(s) of Event: _____ **Amount of Time:** _____

Nature of Event:

❑ **Vacation**
❑ **Family Emergency**
❑ **Personal Time Taken/Unpaid**
❑ **Doctor Visit**
❑ **Other:** _____

Supervisor: _____ **Date** _____

❑ **Excused** ❑ **Unexcused**

Remarks: _____

FOR OFFICE USE ONLY
MUST be completed before approval

Current Balance: _____
(Vacation/PA/Time Off)

Hire Date: _____

Vacation Requested This Pay Period _____

New Balance: _____

Approved/Unapproved by: _____ **Date** _____

❑ **Paid** ❑ **Unpaid**

Comments _____

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