

GIBBS & REGISTER, INC.
VACATION REQUEST FORM

Employee complete and give to supervisor for approval.

Employee:

Name: _____

Date of request: _____

Dates requested:

from: _____

to: _____

Number of days: _____

Supervisor:

Approval Signature: _____

Date: _____

Office:

TF:

Vacation days available: _____

Vacation days requested: _____

Ted Ferguson

Verified by: _____

Date: _____

Date: _____

Accounting:

Vacation days paid: _____

Week ending: _____

Check number: _____

Backup documentation:

copy - behind w/e timesheet

original - employee folder