



PO Box 661 • 5345 Esserville Road, Norton, VA 24273
Telephone 276-679-0518 • Fax 276-679-7533

REQUEST FOR VACATION LEAVE

Date: _____

Employee Name: _____

Employee Number: _____

I am requesting _____ days of my vacation leave to be used beginning
_____ and ending _____.

Employee's Signature

Supervisor's Signature

Date

Date

Executive Director's Signature

Date

**Executive Director's signature is required if leave is requested for three or more days in succession.