

Kundert Volvo

VACATION REQUEST FORM

EMPLOYEE NAME: _____

DEPARTMENT: _____ DATE: _____

FIRST WEEK: _____

SECOND WEEK: _____

1- DAY: _____

2- DAY: _____

3- DAY: _____

4- DAY: _____

5- DAY: _____

6- DAY: _____

7- DAY: _____

8- DAY: _____

9 - DAY: _____

10 - DAY: _____

SUPERVISOR'S APPROVAL: _____

CHECK WHEN YOU WOULD LIKE YOUR PAY:

PRIOR TO VACATION

NORMAL PAYROLL