AccoSol
Accomplished Solutions

Floating Holiday Request Form

Employee Name: _____

Date: /   /   .

Project Name: _____

Client Name: _____

Date Requesting Floating Holiday: /   /   .

_____   _____
Employee Name   Supervisor's Name

_____   _____
Employee Signature   Supervisor's Signature

  /   /   .   (   )   -   ext.
Date   Supervisor's Telephone Number

Please fax the completed document to AccoSol *prior* to utilizing the floating holiday.

Note: Only one (1) floating holiday may be utilized per year, regardless of the client's policy.

For Office Use Only
Approved By: _____

Date Approved: _____