AccoSol
Accomplished Solutions

Vacation Request Form

Employee Name: _____

Date: / /

Project Name: _____

Client Name: _____

I will be on vacation from: / / **To:** / /

No. of Requested Vacation Days: _____

_____   _____
Employee Name   Supervisor's Name

_____   _____
Employee Signature   Supervisor's Signature

Date: \ \   Supervisor's Telephone Number

Please fax the completed document to AccoSol before leaving for vacation

For Office Use Only
Approved By: _____ **Date:** _____
Opening Balance: _____ **Vacation Used:** _____
Closing Balance: _____ **Unpaid Leave:** _____