Holiday Request Form

Name: _							
Date:							
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Date:							
Hrs:							
Total Hrs:							
Employe	ee Signature:						
Approve	d by Supervi	sor/Adminis	strator:			 .	

For Office Use Only									
Annual Leave Granted	Hrs:		Time in Lieu	Hrs:					
Annual Leave Taken to Date	Hrs:		Time in Lieu taken to Date	Hrs:					
Annual Leave Remaining	Hrs:		Total Time in Lieu Remaining	Hrs:					