



Request for Use of Vacation Time

Name: _____ Service Area: _____

Number of Weeks or ½ weeks requested to use: _____

Dates: _____ to _____

Employee Signature

Manager Signature

Coordinator Signature

Program Director/Executive Director
Signature

1. Employees must complete the ASC Vacation Request Form and submit it to their immediate supervisor a minimum of one month prior to the time being requested.
2. Vacation requests of 2 weeks or less will require at minimum approval by a Coordinator.
3. Vacation requests exceeding 2 weeks will require at minimum approval by a Program Director
4. Efforts will be made to accommodate requests where possible; however, vacation schedules must minimize impact to individuals receiving services and business operations (e.g. replacement costs).

Binder(s):	Human Resources						Page:	1 of 1
Section(s):	Benefits	A	00-07-20	R/R	Nov 30/17	R/R	Oct 17/18	
Program Area(s):								