

Helping Hands Healthcare

Vacation Request

Employee Name: _____ Today's Date: _____

Position of Employee: _____

Vacation Dates (first choice): _____ through _____

Vacation Dates (second choice): _____ through _____

Total number of requested vacation days: _____

Comments (Please put reason): _____

I have read and understand HELPING HANDS vacation policy and procedure:

Employee Signature

Date of Signature

Back up Employee Signature

Date of Signature

➤ Vacation Request Outcome

Vacation Dates (first choice):

_____ Approved
_____ Disapproved (please explain): _____

Vacation Dates (second choice):

_____ Approved
_____ Disapproved (please explain): _____

Comments: _____

Signature of Director

Date of Signature