



VACATION REQUEST FORM

EMPLOYEE NAME: _____ TODAY'S DATE: _____

OPERATION/TERMINAL: _____

VACATION DATE(S) REQUESTED: _____

2ND CHOICE: _____

EMPLOYEE SIGNATURE: _____

VACATION DATE(S) APPROVED: _____

APPROVED BY: _____

IMMEDIATE MGR

MIKE LIMBAUGH

TO BE PAID FOR YOUR VACATION DAYS THIS FORM HAS TO BE APPROVED AND
TURNED INTO PAYROLL DEPARTMENT.

PAYROLL REC'D