

Vacation Request Form

Cash Connection

Date: ____/____/____

Name: _____

Store: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Hours Requested: ____ Hours

Number of Hours Available: ____ Hours

Signature of Employee Date

Approval:

Signature of Accounting Manager Date

Signature of Manager Date