

# FORM 15 - Vacation Request / Time Off

*Please complete all fields below and submit to your supervisor a minimum of **5 weeks** before the requested date of absence. Requests may be denied on business needs.*

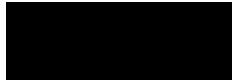
Per Employee Handbook, IV- Corporate Policies, D-Policy #4 clause 5.2 / H-Policy #8 clause 5.2

## REQUEST

Request Date (DD/MM/YYYY)	
Employee Name	
Work Site	
Supervisor Name	
Type of Time Off Requested - Please circle <b>ONE</b>	Vacation    Personal Time Off
Total number of days Requested	
Start Date (DD/MM/YYYY)	
End Date (DD/MM/YYYY)	
Employee Signature:	

## APPROVAL

Decision	Approved    Not Approved
Documentation if provided	
Decision Date (DD/MM/YYYY)	
Supervisor Signature	
Comments:	



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