

Vacation Request & Approval

Architectural Research Consultants, Inc

Employee: _____ Date: _____

Please indicate your first and second choice for vacation time below and return this form to the Administrative Desk. A copy, with approval or management's comments, will be returned to you.

FIRST CHOICE:

_____ through _____
Date/Time (If applicable) Date/Time (If applicable)

SECOND CHOICE:

_____ through _____
Date/Time (If applicable) Date/Time (If applicable)

TOTAL VACATION HOURS REQUESTED: _____

ADMINISTRATIVE CHECK/VERIFICATION:

Vacation hours to be accumulated by vacation time:

Vacation hours verified by: _____ (initial)

Supervisor's verification of work load: _____ (initial)

JPP's authorization : _____ Date: _____