Vacation request form

Use this form for vacations of three days or more. List who will handle your work so your manager can approve the dates and the coverage at the same time.

Employee name: _____

Job title: _____

Manager: _____

Date of request: _____

Vacation dates

First day off: _____

Last day off: _____

Return to work: _____

Workdays off: _____

PTO hours requested: _____

☐ Not reachable while away ☐ Reachable for emergencies only ☐ Checking email once a day

Coverage plan

Task or account	Covered by	Handoff notes

Handoff meeting date: _____

Out-of-office message set (yes/no): _____

_____ _____

Employee signature Date

_____ _____

Covering coworker(s) Date

Manager use only

☐ Approved ☐ Approved with changes ☐ Denied

_____ _____

Manager signature Date

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