



## VACATION, SICK AND PERSONAL DAY REQUEST

**Before submitting: Contact You Sales Manager who will then  
retrieve your available hours**

Your Name

Emp #

Store

Today's date

### **1. VACATION REQUEST: If eligible- send in 3 weeks in advance**

**Consecutive Weekends Cannot Be Taken:**

Comments: \_\_\_\_\_

Start Date: Monday     /     /

\_\_\_\_\_

End Date: Sunday     /     /

\_\_\_\_\_

### **2. PERSONAL DAYS: Managers Only**

DAY AND DATE REQUESTING:     DAY

DATE

HOURS TO BE USED

### **3. PAID SICK TIME: If eligible**

DAY AND DATE :

DAY(S)

DATE(S)

HOURS TO BE USED

### **4. STORE MANAGEMENT APPROVAL:**

YES

NO

MANAGER

SALES MANAGER

### **5. ALWAYS REFER TO COMPANY HANDBOOK BEFORE SUBMITTING**

Additional Comments and Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OFFICE USE ONLY**

Date received: \_\_\_\_\_ Hours available: \_\_\_\_\_ Hours to be used: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_