



1700 West Big Beaver Road, Suite 240
Troy, Michigan 48084
(248) 643-0076 Office, (248) 643-6119 Fax

Vacation Time Off Request

Directions: Complete Step 1 below, sign it and forward it to your immediate supervisor for approval. Your supervisor will complete Step 2, keep the original for record keeping purposes, and forward a copy to our office. This form is not allowed to be used for extended leaves of absence, which exceeds your available time of Vacation remaining. Contact LWP if you need to know your balance of hours.

REFER TO THE LWP Safety Manual & Operations Policies/Procedures pages 8-12 before filling out this form.

Step 1 - Employee Section

Today's Date: _____ Department: _____
Last Name: _____ First Name: _____
Requested Dates: _____ Total Hours: _____

VACATION TIME OFF REQUESTS, REQUIRE 14 WORKING DAYS NOTICE.

Employee Name (Print)

Date

Employee Signature

Step 2 – Linda Weston Personnel, Inc., Section

Approved **Denied**

Comments:

Supervisor Name (Print)

Date

Supervisor Signature