

**BREVARD COLLEGE  
VACATION REQUEST FORM**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Vacation Date(s) Requested: \_\_\_\_\_

Approved: \_\_\_\_\_  
Signature of Supervisor Date

\_\_\_\_\_  
Signature of Vice President Date

If vacation has not been approved, state reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The employee should complete this form with adequate time for the supervisor to review and approve before the vacation date that has been requested. Employee should keep a copy of the request. An approved or unapproved vacation request will be returned to the employee for his/her records and the supervisor will also maintain a copy for the files. Every effort will be made to honor requested vacation days; however, work commitments that cannot be changed or covered by someone else in the department may necessitate changing the requested vacation time.