

**Professional Staff
Request for Vacation Leave
or Use of Floating Holiday Form**

NAME: _____

DEPARTMENT: _____

VACATION DATES REQUESTED: _____

FLOATING HOLIDAY DATES REQUESTED: _____

COMMENTS: _____

Requests must be approved and signed by the supervisor.

APPROVED

SIGNATURE OF STAFF MEMBER DATE

DENIED

SIGNATURE OF SUPERVISOR DATE

Copies to: Originator, Payroll, Supervisor, Division Dean