

## VABIR Vacation Request Form

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

Dates Requested:

From: \_\_\_\_\_

To: \_\_\_\_\_

Total Number of Days: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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### Administrative Use Only

Vacation Days Accrued as of \_\_\_\_\_ : \_\_\_\_\_

Vacation Days Approved: \_\_\_\_\_

\_\_\_\_\_  
Assistant Director

\_\_\_\_\_  
Date