

Vacation Request & Approval

Lazer Construction Co., Inc.
Post Office Box 5103
Anderson, SC 29623

Employee Name _____ Date ____/____/____

Department _____

Employee Hire/Service Date ____/____/____

You are entitled to _____ days vacation as of ____/____/____

Please indicate your first and second choice for vacation time below and return this form to your supervisor by ____/____/____.

A copy with approval will be returned to you indicating your vacation time.

FIRST CHOICE			
From	To	Approved	Signature
/ /	/ /		
/ /	/ /		
/ /	/ /		

SECOND CHOICE			
From	To	Approved	Signature
/ /	/ /		
/ /	/ /		
/ /	/ /		

We are pleased to approve your vacation as indicated.

Authorized Approval _____

Title _____

Enjoy your vacation!

Date ____/____/____