

CUMBERLAND COUNTY VACATION REQUEST FORM

NAME: _____ SHIFT: _____ DATE: _____



I would like to take:

_____ Vacation Days From: _____ To: _____



Please mark in those days you requested with V - Vacation

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
JAN																																
FEB																																
MAR																																
APR																																
MAY																																
JUN																																
JUL																																
AUG																																
SEP																																
OCT																																
NOV																																
DEC																																



The above request was scheduled: _____

The above request was not scheduled: _____ due to _____

Date Employee Notified: _____

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE