

Request No. _____

**Request for Vacation/Personal Days
(Exempt Personnel)**

| | | No. of Days | |
|-----------|--|--------------------|-----------------|
| | | Vacation | Personal |
| 1. | Accrual | | |
| | Days earned from fiscal year from | | |
| | July 1, 20_____ to June 30, 20_____ | _____ | _____ |
| 2. | Activity | | |
| 1. | Unused days from previous request: (No carry over of unused days from fiscal year to the next.) | _____ | _____ |
| 2. | List dates that vacation or personal are requested: _____ | _____ | _____ |
| 3. | Unused days carried forward: | _____ | _____ |

Requested by: _____ Box: _____ Date: _____

Approved by: _____ Date: _____

Supervisor- white
Employee- yellow