

Annual Leave/Vacation Request Form

Employee Name		Date
Vacation Request Start Date	Return to Work Date	Total Work Days Off
Employee Signature*		Date
<i>*If your department permits this form to be emailed for approval, your @emich.edu email is your signature.</i>		
<p><u>This Vacation Request is:</u> <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>Reason if denied:</p>		
Supervisor Name or Signature**		Date
<i>** Electronic approval permitted at supervisory level.</i>		
<p>Please follow your department's procedures for requesting time off. Vacation/Annual Leave should be requested at least five days in advance. Supervisors are to keep the form on file in accordance with the department's procedures.</p>		