

VACATION REQUEST AND APPROVAL KING WILLIAM COUNTY, VIRGINIA

EMPLOYEE'S NAME: _____

DEPARTMENT: _____ DATE: _____

To assist in scheduling vacations, please indicate your first, second, and third choice for vacation below and return this form to your supervisor. A copy will be returned to you indicating approved vacation date(s).

FINANCE DEPARTMENT

	First Choice		Second Choice		Third Choice	
	Start	Return	Start	Return	Start	Return
1st week or days						
2nd week or days						
3rd week or days						
4th week or days						
5th week or days						
_____ Employee's Signature						

Comments:

We are happy to approve your vacation time as follows:
Have a wonderful time!

Supervisor's Signature