

TRACER

SECURITY SERVICES

VACATION REQUEST FORM		tfor023	REVISION: 5/3/10
Employee Information			
Last Name: _____		First Name: _____	
Site: _____		Employee # _____	
Requested Begin Date: _____		Requested End Date: _____	
Cash in Vacation Time: _____			
Total hours of vacation requested: _____			
Employee: _____		Date: _____	
Employee Signs Here			
Site Manager's Approval			
I _____ verify I have taken the required steps to ensure this site Print Name of Supervisor will remain properly covered during this vacation period.			
Supervisor: _____		Approved: Yes: ___ No: ___ Date: _____	
Site Manager Signs Here Type name above for Signature			
Corporate Office Approval			
Hours of Vacation Authorized: _____			
_____		Approved: Yes: ___ No: ___ Date: _____	
Corporate Representative Signs Here			