

BENNINGTON COLLEGE

VACATION REQUEST FORM

To request vacation time, please complete the day and dates desired in the columns below. In certain departments where scheduling vacations is difficult due to varying shifts and similar constraints, employees may be asked to provide a vacation request that includes both a first and second choice for such time.

Once completed and signed, this form should be returned to your immediate supervisor and/or department head for approval. The department head should forward this form to the Human Resources Department for verification of vacation days available and final processing.

LAST NAME	FIRST NAME	DEPARTMENT
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DATES REQUESTED (month/day) Please specify partial days, if any.		
FROM	TO	NUMBER OF DAYS

Please note that requests should not be considered approved until a fully signed/approved copy is returned.

EMPLOYEE SIGNATURE	DATE
DEPARTMENT HEAD APPROVAL	DATE
HUMAN RESOURCES	DATE