

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 other constraints, employees may be asked to provide a vacation request that includes both a first and second choice for time off.

Once completed and signed, this form should be returned to your immediate supervisor for approval. The supervisor should forward the form to Human Resources for verification of available vacation balance and processing to e-Sources, the online time-off benefits system.

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 the request is posted in e-Sources.

EMPLOYEE SIGNATURE	DATE
SUPERVISOR APPROVAL	DATE
HUMAN RESOURCES	DATE