**Employee Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | [Insert Name] | Employee ID: | [ID] |
| Department: | [Dept] | Position: | [Position] |
| Date of Request: | [Date] |  |  |

**Vacation Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date of Vacation: | [Date] | End Date of Vacation: | [Date] |
| Total No. of Vacation Days Requested: |  | Type of Leave: | Annual Leave/Vacation Personal Leave Unpaid Leave Other |

**Additional Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason for Leave** (Optional): |  | | |
| Contact Information During Leave: | Phone Number & Email: |  | |
| Is Any Work Hand-Off Required? | Yes No | If Yes, Hand-Off Person: |  |
| Description of Hand-Off Tasks: |  | | |

**Approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supervisor/Manager: | **Approved:** [ ] Yes [ ] No | Supervisor Signature: | Signature | Date:[DD/MM/YY] |
| HR Department: | **Approved:** [ ] Yes [ ] No | Supervisor Signature: | Signature | Date:[DD/MM/YY] |

**Employee Acknowledgment**

I understand that I must return on the agreed-upon date, and failure to do so may affect my employment status unless further arrangements have been approved in advance.

|  |  |
| --- | --- |
| Employee Signature & Date | Signature |

**For HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received: | [DD/MM/YYYY] | Date Processed: | [DD/MM/YYYY] |
| Remaining Vacation Balanced After Request: | | |  |

**Instructions for Use**

1. **Submission**: Submit this form at least [specified time frame, e.g., two weeks] before the intended start date of the vacation.
2. **Approvals**: Obtain supervisor/manager approval, followed by HR approval if required.
3. **Work Handoff**: Ensure all critical tasks are delegated or documented for continuity during your absence.