



Employee Vacation Request Form

Employee Name:

Rocket #:

Supervisor:

Department:

Vacation Effective Date:

Seniority Date:

Hours Balance:

Please indicate vacation dates

Start Date: ____/____/____ **Return Date:** ____/____/____

Approved Denied

Start Date: ____/____/____ **Return Date:** ____/____/____

Approved Denied

Start Date: ____/____/____ **Return Date:** ____/____/____

Approved Denied

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Approved Denied

Start Date: ____/____/____ **Return Date:** ____/____/____

Approved Denied

Start Date: ____/____/____ **Return Date:** ____/____/____

Approved Denied

- Permanent full time classified and unclassified employees (40 hours/week) and permanent part-time classified and unclassified employees (20 or more hours/week) earn vacation.
- Vacation time is based on time paid.
- Vacation request forms must be returned to your supervisor by March 15th.
- Requests received prior to March 15th shall be granted based upon the employee's length of seniority at UT.
- After March 15th, requests shall be granted on a first-come, first-served basis.
- Vacation requests are subject to the availability of sufficient personnel in each department or unit to efficiently satisfy operational needs.
- A copy of the vacation request form will be returned to the employee by April 15th.

Employee Signature: _____

Date: ____/____/____

Supervisor Signature: _____

Date: ____/____/____