

Pristine Image Intl., LLC

Vacation Request Form

Please submit this form for approval at least Four Weeks (4) in advance of your preferred vacation dates.

Date: _____

Employee Name: _____

Works At: _____

Vacation Hours Earned: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Total Number of Hours Requested: _____

Signature of Employee Date _____

Approval:

Manager Date _____

Vacation Time – Can Not be carried over till the next year