



100 Old River Road
P.O. Box 100
Lincoln, Rhode Island 02865

(401) 333-1100

OFFICE OF THE
PERSONNEL DIRECTOR

VACATION & TIME OFF REQUEST FORM

TO: _____
Department Head

FROM: _____
Employee

I am requesting your approval for _____ *vacation - personal - comp* day(s)
(circle one)

to be taken on _____
Dates

My first day back to work will be _____
Date

SIGNED: _____

DATE: _____

DEPARTMENT HEAD DECISION: **DATE:** _____

APPROVE: _____ **DENY:** _____

EMPLOYEE: PLEASE FORWARD A COPY OF THIS FORM TO THE PERSONNEL DIRECTOR
AND RETAIN A COPY FOR YOURSELF.