

Lee Mechanical Contractors, Inc.
Vacation Request Form

Employee Name: _____ Date: _____

Date(s) Requested Off: _____

Week Ending Date to be Paid: _____

Type of Request

To be completed by employee

Day at a time

(1) to (4) single day(s) requested.
Must have 2000 hours accumulated
prior to taking; employee may work
during this days off

Hourly week

(5) consecutive days requested.
Must have 2000 hours accumulated
prior to taking; employee may work
during this days off

Extra week

(5) consecutive days requested off.
Available the January after 3 years of
continuous employment; employee
MUST be off work during this week

Verification

To be completed by Human Resources/Payroll

Current YTD Hours: _____ Hire date: _____

Authorization

To be completed by Field Operations Manager

Approved Date: _____ Signature: _____

Denied Date: _____ Signature: _____

Reason Denied: _____

Informed Employee Date: _____ Initials: _____

Original to HR

Copy to employee

For HR Only:

Paid:

Date: _____

Initials: _____