

**Vacation Request Form for Bus Drivers**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Department/Title: \_\_\_\_\_

Vacation Dates Requested: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Returning: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total Number of Days Requested: \_\_\_\_\_ Days

\_\_\_\_\_  
Signature of Employee Date \_\_\_\_\_

APPROVAL:

\_\_\_\_\_  
Signature of Supervisor Date \_\_\_\_\_





















