

Extended Vacation Leave Application

Name: _____

Employee ID: _____

Position: _____

Department: _____

Type of Leave:
Extended Vacation Leave

Date Filed: _____

Leave Start Date: _____

Leave End Date: _____

Number of Days: _____

Reason for Leave:

Contact Information During Leave: _____

Employee's Signature

Date

Supervisor/Manager's Signature

Date

Note: Please attach supporting documents if necessary.