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NORTHEAST EARTH MECHANICS, INC.

Vacation Request Form

***Instructions:** Please fill in your name, today's date and your choices, then return to Office for approval.
 Requests must be made at least 30 days in advance unless other arrangements have been made by management.

Employee Name: _____

Today's Date: _____

Dates Requested:
 Week 1: _____

Alternate Week: _____

2017

January							February							March							April						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	H	3	4	5	6	7	5	6	7	8	9	10	11	5	6	7	8	9	10	11	2	3	4	5	6	7	8
8	9	10	11	12	13	14	12	13	14	15	16	17	18	12	13	14	15	16	17	18	9	10	11	12	13	14	15
15	16	17	18	19	20	21	19	20	21	22	23	24	25	19	20	21	22	23	24	25	16	17	18	19	20	21	22
22	23	24	25	26	27	28	26	27	28					26	27	28	29	30	31		23	24	25	26	27	28	29
29	30	31																			30						

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6		4	5	6	7	8	9	10	2	3	H	5	6	7	8	6	7	8	9	10	11	12
7	8	9	10	11	12	13	11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19
14	15	16	17	18	19	20	18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26
21	22	23	24	25	26	27	25	26	27	28	29	30		23	24	25	26	27	28	29	27	28	29	30	31		
28	H	30	31											30	31												

September							October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
3	H	5	6	7	8	9	1	2	3	4	5	6	7	5	6	7	8	9	10	11	3	4	5	6	7	8	9
10	11	12	13	14	15	16	8	9	10	11	12	13	14	12	13	14	15	16	17	18	10	11	12	13	14	15	16
17	18	19	20	21	22	23	15	16	17	18	19	20	21	19	20	21	22	H	H	25	17	18	19	20	21	22	23
24	25	26	27	28	29	30	22	23	24	25	26	27	28	26	27	28	29	30			24	H	26	27	28	29	30
							29	30	31												31						

Office Use Only

Employee's Date of Hire: _____

Days Accrued: _____

Days Used: _____

Days Remaining As of Today: _____

of Days Requested: _____

Balance Remaining After This Request: _____

Through Anniversary Date: _____

Dates: _____

Approved: Yes No

Employee's Signature: _____

Date: _____

Manager's Signature: _____

Date: _____

Booked: _____

Date: _____

*By signing this form, you acknowledge that the above information is true and accurate.

Paid Holidays: New Year's Day Thanksgiving Day
 Memorial Day The Friday following Thanksgiving Day
 Independence Day Christmas Day
 Labor Day

Vacation will be approved on a first come, first serve basis. Your vacation will not be secure until this form has been signed by both you and the Operations Manager.