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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: \_\_\_\_\_

2018

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

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

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

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

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

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

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

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

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

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

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

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