

CDCI Vacation Request Form

Please complete this form for any vacation hours you plan to use. Make sure to obtain approval and signatures from your direct supervisor as well as any Principal Investigator, Director, or Coordinator of your project(s).

Date: ____/____/____

Name: _____

Department / Title: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Date Returning to Work: ____/____/____

Total Number of Hours Requested: ____ Hours

Number of Hours Available: ____ Hours

Signature of Employee

Approvals:

Signature of Direct Supervisor

Signature of Principal Investigator/Project Coordinator/Project Director

Signature of Principal Investigator/Project Coordinator/Project Director

Signature of Principal Investigator/Project Coordinator/Project Director

Signature of Executive Director

Please Forward The Original To CDCI Human Resources