



VACATION REQUEST FORM

Name: _____

Date Request Submitted: _____

Location: _____

Lawson #: _____

Accrued

1. Current number of accrued vacation days: _____ days
Number of days requested here: _____ days
Number of remaining accrued vacation days: _____ days

2. I would like to take my vacation as follows:

- a. From _____ through _____, 20____ (____days) (____hours)
b. From _____ through _____, 20____ (____days) (____hours)
c. From _____ through _____, 20____ (____days) (____hours)

TOTAL = _____ days = _____ hours.

3. My contact for company business who can respond to inquiries on my behalf during my vacation is:

Name: _____

Office Phone: _____

Cell Phone: _____

Employee Signature: _____

Date: _____

Approved By: _____

Date: _____

Title: _____

After approval, all forms must be sent to the appropriate payroll person at your unit. A copy of each form for Greenville Office, Stamford Office, Corporate, Regional Overhead Employees and General Managers should be sent via email to Corporate Payroll (payroll.department@sodexo.com) and Corporate HR (HR.SodexoLive.NORAM@sodexo.com) for record keeping and administration purposes. Copies of the approved form must be placed in the employee's personnel file.