## HARDEE COUNTY BOARD OF COUNTY COMMISSIONERS

## **Request for Vacation**

Date:	Employee Name:
The following dates for	vacation are requested:
1 <sup>st</sup> Choice:	through
2 <sup>nd</sup> Choice:	through
It is understood that schedule if necessary.	the Department Head may have to modify the vacation
	Employee Signature
1 <sup>st</sup> Choice approved	2 <sup>nd</sup> Choice approved
Supervisor Signature	Department Head Signature
-	cation pay must be made in writing and in person to the tment at least twenty (20) days in advance of the pay period sired.
	vacation pay in <b>advance</b> for one (1) week to be payable or

Employee Signature

Received in Human Resource:

Advance Pay approved

Advance Pay disapproved

Payroll Department