CTS Vacation Request Form

(to avoid everyone taking the same days off)

Name:_____

Dates Requested:

1st Choice – Start Date:_____ Finish Date:_____

Date return to work:_____

2nd Choice – Start Date:_____ Finish Date:_____

Date return to work:_____

3rd Choice – Start Date:_____ Finish Date:_____

Date return to work:_____

Note: CTS policy disallows more than one employee taking vacation during the same week. Priority will be given on first come first serve basis. You must have enough accrued vacation for the requested time off in order to be paid for vacation time. For union employees, per the union contract, you must be available for work (or take a vacation day before and after a holiday to be paid for the holiday (no sick days).

Reviewed & Approved By: _____Date_____
Reviewed & Approved By: _____Date_____

Approval must be received 2 weeks prior to the requested vacation period.

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