

HOLLON

Oil Company

VACATION/TIME OFF REQUEST FORM

Employee

Current Date: _____

Name of Employee: _____

Date(s) of Vacation/Time Off: _____

Time Requested: From _____ To _____
(if less than full day)

Employee Signature: _____

Supervisor

Approved: ____ Yes ____ No Date: _____
(As the Supervisor, I have verified the employee has available vacation time.)

Reason(s) For Not Approving Vacation/Time-Off Request: _____

Name of Supervisor: _____

Supervisor Signature: _____

To take vacation time, employees are to request advanced approval in writing from their supervisors as early as possible. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. All vacation requests are subject to approval of Management. Once written approval is received, employees should indicate their vacation dates on the company's posted vacation calendar.