

MASONS SUPPLY COMPANY

Vacation Request

EMPLOYEE NAME: _____ LOCATION: _____

* If requesting **more** than one week, use separate form for each week.

I would like to take vacation:

| | STARTING | THROUGH | # OF DAYS |
|---------------|----------|---------|-----------|
| FIRST CHOICE | | | |
| SECOND CHOICE | | | |
| THIRD CHOICE | | | |

EMPLOYEE SIGNATURE: _____ DATE: _____

BRANCH SUPERVISOR SIGNATURE: _____ DATE: _____

SEA/PDX SIGNATURE: _____ DATE: _____

DATE HIRED: _____

ENTERED BY: _____ DATE: _____

| | SUMMER | WINTER |
|--------------------|--------|--------|
| VACATION AVAILABLE | | |
| DAYS GRANTED | | |

FOR OFFICE USE ONLY

| | |
|--------------------------|-------------------|
| <input type="checkbox"/> | VACATION BOOK |
| <input type="checkbox"/> | CALENDER/INTERNET |
| <input type="checkbox"/> | NOTIFIED EMPLOYEE |