



St. Michael's

DEPARTMENT OF LABORATORY MEDICINE

Document Name: Vacation, Leave Request Form-
Document #: 139548
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VACATION/ LEAVE REQUEST FORM

Name:	Date of Request:
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Vacation or Leave Request:

	First Day	Last Day
Vacation Priority #1		
Vacation Priority #2		
Vacation Priority #3		
Vacation Priority #4		
Vacation Priority #5		
Vacation Priority #6		
	First Day	Last Day
Education Leave		
	First Day	Last Day
Leave of Absence		

Vacation Change Request:

Vacation Change	Reason for Change	Documentation provided

This area is for Operations Leader/Designate use only:

Date Request Received: _____

Approved: _____ Date: _____

Not Approved: _____ Date: _____

Comment: _____

Authority for Issue: Dawn Marie King	Authorized Date: 1/2/2018
Version: 1.0	Effective Date: 1/2/2018
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