

VACATION / SICK TIME REQUEST FORM

TO BE SUBMITTED FOR ALL APPROVALS A MINIMUM OF 2 WEEKS PRIOR TO VACATION

NAME OF EMPLOYEE: _____
POSITION: _____
RESTAURANT: _____
CALENDAR YEAR: _____

VACATION PERIOD REQUESTED

From- ____/____/____ To- ____/____/____

NUMBER OF WORKING DAYS REQUIRED

VACATION PAY/TIME IS AVAILABLE AFTER 1 YEAR OF FULL-TIME EMPLOYMENT FROM YOUR HIRE DATE
(35 AVERAGE HRS. PER WEEK)

SICK PERIOD REQUESTED

From- ____/____/____ To- ____/____/____

NUMBER OF WORKING DAYS REQUIRED

FULL-TIME EXEMPT EMPLOYEES (ONLY) RECEIVE UP TO 5 DAYS SICK PAY PER CALENDAR YEAR

Employee's Signature

GM/Exec Chef/Director Approval

Date

Date

FOR OFFICE USE ONLY

ANNUAL ENTITLEMENT: _____ AVG HOURS/WK: _____

VACATION DAYS TAKEN TO DATE: _____ START DATE: _____

FINAL APPROVAL: DIRECTOR OF HUMAN RESOURCES

Copies to: Personnel File
Employee
GM/Chef
Payroll Manager/Accountant

Printed from Website