

CITY OF PROVIDENCE - Personnel Department

Form V-1

VACATION LEAVE REQUEST

Date: _____

Employee _____ Occ. Code _____ Employee # _____

Department _____ Dept. Code _____

Personnel Director:

The above named employee has requested vacation leave for the date(s) listed below. It is requested that this earned vacation be granted.

Number of weeks (check one)

From _____ to _____.

Number of days (check one)

From _____ to _____.

Approved : Department Head

Approved: Personnel Director

Employee's signature

INSTRUCTIONS: Prepare in triplicate. Send all three copies to Personnel Department.