

ST. LEONARD'S COMMUNITY SERVICES

Function: Human Resources
Policy: Appendix 18 – Vacation Request Form
CMHO Standard(s):
Approved: October 2002

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Appendix 18 VACATION REQUEST FORM
October 2002

Staff Name

Department

Date of Request

Start Date	End Date	# of Days Requested

Approved by: _____ Manager (less than 1 week)

_____ Director (1 week or more)

_____ Executive Director (over 3 weeks)