

Vacation Request Form

Name: _____ GMIN: _____ Team: _____ Shift: _____

Requested Dates(s)

	Mon	Tues	Wed	Thurs	Fri	Sat
Month	Date	Date	Date	Date	Date	Date
Hours (8)						

Request entered into Kronos

Request entered into HCC Vacation Scheduling Admin

Team Member notified of approval or denial

Team Member Signature: _____ Date: _____

Approved: _____ Date: _____

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