

AW COLLISION CENTERS
VACATION REQUEST AND APPROVAL

NAME

Date:

Location

Department

Date of Hire

Drop-down List

Vacation
Days
Available

As Of:

Date From

Date To

Comments

Employees Signature

PLEASE RETURN FORM TO THE PAYROLL DEPARTMENT

Vacation
Days
Approved

Vacation
Days
Remaining

COMMENTS

Supervisor's Signature

Payroll Approval

FAX FORM TO 408-213-2021