



Vacation Request Form

Please forward the original to the Human Resources Department at least two (2) weeks prior to the date(s) requested. *This form is for record keeping purposes.*

You must obtain your supervisor's approval prior to forwarding this request to HR.

Employee Name (print): _____ Date: _____

I request time off for (check all that apply): _____ Vacation _____ Personal/Sick _____ Floating Holiday

I request vacation/personal/sick/floating holiday time on the following date(s):

_____	_____
_____	_____
_____	_____

I will return to work on (date): _____

Total days to be taken: _____ Vacation _____ Personal/Sick _____ Floating Holiday

Employee Signature: _____

Department: _____

Approved by: _____ Date: ____/____/____

Not Approved by: _____ Date: ____/____/____

Reason for Disapproval _____

Human Resources: _____ Date: ____/____/____

Vacation Policy

Vacations will, as often as possible, be granted at the time most desired by the employee. When more than one employee in the same department requests vacation at the same time, service time of the parties will generally be the determining factor.

Otsego County reserves the right to final allotment of vacation, including the right to limit the total number of employees on vacation at any one time to ensure the orderly and efficient operation of Otsego County business.

This policy may be discontinued or amended by Otsego County at any time, effective on notice to any employee or posting in the County building.