



Vacation Request Form

Please submit the original to your direct supervisor at least ***two (2) weeks prior*** to the date(s) requested for approval. *This form is for record-keeping purposes.*

Employee Name (print): _____ Date: _____

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

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

_____	_____
_____	_____
_____	_____

I will return to work on date(s): _____

Total days to be taken: _____ Vacation _____ Personal _____ Floating Holiday _____ Comp

Employee Signature: _____

Department: _____

Approved by: _____ Date: ____/____/____

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

Reason for Disapproval _____

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.