

ONTARIO INSULATION OSHAWA LIMITED

VACATION AND LEAVE REQUEST FORM

DATE:

NAME:

Account Choices:

- B - Bereavement
- P - Personal Emergency Leave
- V - Vacation

Date(s)	Hours	Account
TOTAL		

(Signature of Employee)

(Date)

☐ **Approved**

☐ **Declined**

(Signature of Department Manager)

(Date)

HUMAN RESOURCES ONLY:

Employee Process:

- Fill in form-Vacation and Leave Request
- Submit completed form to Manager

Employer Process:

- ☐ Manager will submit directly to Bookkeeper
- ☐ Bookkeeper will update Outlook Calendar
- ☐ Bookkeeper will give employee a signed copy

☐ Completed: Date _____