



Fermi National Accelerator Laboratory
Technical Division / Headquarters
P.O. Box 500 MS 316
Batavia, IL 60510
Fax: (630) 840-3756 Ph: (630) 840-3411

Date _____

Technical Division Vacation Request

Name _____

Payroll Number _____

I request _____ days vacation from _____

through and including _____

I will not exceed my balance by taking this vacation.

Employee Date

Supervisor/Department Date
Head Approval

Manager's Approval Date

Note:

1. As far as practicable, this request form is to be submitted at least two weeks in advance of the vacation period to avoid personnel work schedule conflicts. Where conflicts occur, the earliest request will have priority.
2. This form is to be used for vacations in excess of one day and if changes to previously approved dates are desired.

R. Kephart Revised 2/27/02

