

VACATION REQUEST FORM
OKLAHOMA CONFERENCE OF SDA

I am requesting vacation for the following dates:

Name: _____ Total number of vacation days: _____

Starting Date: _____ Ending Date: _____

In case of emergency, I can be contacted at _____

(This information must accompany your request)

Employee Signature: _____

Note: Please submit request in duplicate. Approved copy will be returned to you.

Approved by Officer: _____

Department Director : _____

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