



VACATION REQUEST FORM

Please submit this form for approval at least four weeks in advance of your preferred vacation dates.

Date: _____

Employee Name: _____

Title: _____

Department: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Signature of Employee Date_____

Approval:

Manager Date_____ ☐ Approved ☐ Denied

Human Resources Date_____ ☐ Approved ☐ Denied

Employee Note:

Vacation days are non-paid days taken by the employee. Once vacation days are approved, all pending tasks must be completed prior to your vacation leave and an update must be given to your department manager.



281-977-6572



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