



**Middlesex Community College
Vacation Request Form**

Directions: Complete this form electronically. Once complete, e-mail it to your supervisor as an attachment. Approved requests will be digitally signed and e-mailed back to the employee as the employee's confirmation of their vacation request.

Name: _____

Department: _____

Requested Time Off

Date(s): _____ Time: _____ Total Time Requested: _____
(If full days, leave blank.) (# of hours)

Required Signatures

Employee: _____ Date: _____

Direct Supervisor: _____ Date: _____

Supervising Dean/Associate Vice President/Regional Manager:

_____ Date: _____

Chief Executive Officer: _____ Date: _____