



Appalachian Regional Healthcare

**APPLICATION FOR LEAVE • VACATION
OR
VACATION PAY**

Date: _____

Department: _____

Name: _____

Request that I be granted:

- Leave
- With Pay
- Vacation
- Without Pay
- Or Longevity Vacation Pay

For _____ Days

Commencing _____ and Ending _____

For the Following Reasons:

Employee's Vacation Balance _____ (as of this date)

EMPLOYEE SIGNATURE

APPROVED:

DEPARTMENT HEAD

APPROVED:

ADMINISTRATOR

NOTE: This form to be prepared by requesting office and prior to taking the time off. When approved, this form will be returned to the Department Head who will attach the approved form to the Employee's Time Report for transmittal to the Administrative Assistant.