



**Community Health Awareness Council (CHAC)**  
Vacation Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

First day of vacation: \_\_\_\_\_ (day/date).

I plan to return to work on \_\_\_\_\_ (day/date).

Total of \_\_\_\_\_ vacation days (not including weekend and holidays).

Approved by:

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(Direct Supervisor)

Date

Please give signed copies to:

1. Monique
2. Your direct supervisor
3. Linda