

Voluntary Unpaid Vacation Time Request Form
(For GRC Team Members Only)

Name: _____ Employee ID: _____

Department: _____ Hourly: Management:

I request permission to take an unpaid vacation on the following consecutive days (up to a maximum of five (5) work days): _____, _____, _____, _____, _____.
Enter dates of request

I have read the Unpaid Vacation Time Policy and understand the terms and conditions of my unpaid time off. Further, I understand that if I do not return to work on the first work day after the last date noted above, the Company will consider my absence to be a voluntary resignation.

My benefits (if applicable) will continue during my unpaid time off and deductions will continue to be withheld from my paycheck and will not be prorated.

Team Member Signature: _____ Date: _____

Management Approval:

Supervisor: _____ Title: _____
Print Name

Signature: _____ Date: _____

Director: _____ Title: _____
Print Name

Signature: _____ Date: _____

Human Resources Use Only:

Date Received: _____ Date Submitted to Payroll: _____

HR Business Partner: _____ Title: _____
Print Name

Signature: _____ Date: _____