Vacation Request Form

Last Name, First Name:
Staff Code (Lz.):
Position or Title:

I am requesting

☐ Vacation

on = 1 day
from until = day/s
remaining vacation days = day/s

☐ a non-working day (CIVIL SERVANTS only) on

During this time, my duties shall be carried out by Ms./Mr.

Date: ____________________________  
Employee’s Signature

Temporary Replacement: I agree to assume the respective duties for the dates listed above.

Date: ____________________________  
Signature of Temporary Replacement

☐ Approved, the temporary replacement for the dates listed above has been confirmed.
☐ Denied, because

Date: ____________________________  
Signature of Supervisor

☐ This period of vacation leave has been entered into the vacation register.

Date, Initials

641.1/ 12.10