



Employment Solutions

Austin: 4701 Westgate Blvd., Bldg E-501, Office G V 512-301-7979
Austin, TX. 78745 Fax 512-301-7194

Uvalde: P.O. Box 1224 V 830-591-1980
Uvalde, TX 78802 Fax 830-591-1984

Huntsville: 1211 Sam Houston V 936-436-1890
Huntsville, TX 77340 Fax 936-436-0452

San Antonio: 7717 Tezel Rd. V 210-680-JOBS (5627)
San Antonio, TX 78250 Fax 210-680-2705

Leave Request

Name: _____ Date: _____

Vacation Request:

Vacation Time Requested _____ Days
beginning _____

I will return to work on
_____.

I have read the vacation policy below and understand this request may not be approved based on work requirements and/or other more senior employees requesting the same time off.

Personal Time Request:

Personal Time Requested
_____ Days hours on

(Date requiring time)

Reason for this request:

I understand this request may not be approved based on work requirements. I also understand should I decide to take the time off without approval, I may be subject to disciplinary action which can include termination

(To be completed by HR)

_____ Sick/Personal hours available _____ Vacation hours available

HR Initials: _____

Employee Signature: _____

Approval Denied

Site Supervisor Signature

Date

Copy: Employee File
Payroll