Williston
PARKS & RECREATION DISTRICT

Name: _____

Job Title: _____

Vacation: _____

Date:	Number of Hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Briefly Explain Circumstances and/or reason for absence:

_____

_____

This form must be completed prior to vacation taken and can be adjusted due to employees work week and hours worked.

Sign below –

Employee: _____ Date: _____

Supervisor: _____ Date: _____

Department Head: _____ Date: _____