

Ivy Lane Vacation Request

Date of Request: _____

Employee Name: _____ Store: _____

Date Vacation Starts: _____

Date Vacation Ends: _____

Total Vacation Pay Days Requested: _____

Please list only days you wish to receive vacation pay

Reason for Request: _____

Employee Signature: _____

Supervisor Signature: _____

**Fax completed request form to:
Jacque- 773-326-1660
Rebecca- 847-574-7677**

Form will be processed by the office and an approval email will be sent to the store. If no email is received within a week, please resend the request.

Employees are required to give at least 2 weeks notice and all Service Center Managers must give at least 30 days notice prior to vacation date.

No vacations will be approved during blackout dates.

All vacation requests must be approved by both store management and office. Specific vacation dates may be denied based on staffing requirements.