

Del Sol Incorporated
611 West Columbia Street, Suite 1
Pasco, WA 99301

Del Sol, Inc.

Vacation Request Form

| | | |
|-------------------------------|-----------------------------------|--------------------------------------|
| Employee Name: | Date: | |
| Leaving | Returning | |
| Date: | Date: | |
| Day: | Day: | |
| Number of Days Requesting Off | | |
| | Approved <input type="checkbox"/> | Disapproved <input type="checkbox"/> |
| Employee Signature: | | |
| Authorized Signature: | | |