

MARTINAIRE VACATION REQUEST

- INSTRUCTIONS:**
1. There is no vacation accrued for 'New Hires' during first year of employment.
 2. No vacations are authorized in the month of December due to peak work loads.
 3. Vacation requests will be submitted no later than sixty (60) days prior to the start date of vacation and will be approved/disapproved based on the needs and available manpower of the company.

DATE OF REQUEST:

EMPLOYEE NAME: **EMPLOYEE ID #:**

January							February							March						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4	26	27	28	29	30	31	1	1	2	3	4	5	6	7
5	6	7	8	9	10	11	2	3	4	5	6	7	8	8	9	10	11	12	13	14
12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21
19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28
26	27	28	29	30	31	1	23	24	25	26	27	28	29	29	30	31	1	2	3	4

April							May							June						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4	26	27	28	29	30	1	2	31	1	2	3	4	5	6
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27
26	27	28	29	30	1	2	24	25	26	27	28	29	30	28	29	30	1	2	3	4
							31	1	2	3	4	5	6							

July							August							September						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4	26	27	28	29	30	31	1	30	31	1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31	1	23	24	25	26	27	28	29	27	28	29	30	1	2	3
							30	31	1	2	3	4	5							

October							November							December						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3	1	2	3	4	5	6	7	29	30	1	2	3	4	5
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
25	26	27	28	29	30	31	29	30	1	2	3	4	5	27	28	29	30	31	1	2

DATE REQUESTED
(INDICATE FIRST DUTY TO BE OFF AM/PM)

FROM:

PM OPS / AM OPS

TO:

PM OPS / AM OPS

DUTY PERIOD TO RESUME:

PM OPS / AM OPS

2020

SUPERVISOR:

DATE:

- APPROVED
- DISAPPROVED
- NEED TO RESCHEDULE