

Hilton Hawaiian Village

REQUEST FOR VACATION AND/OR LEAVE

****ALL REQUESTS MUST BE SUBMITTED TWO WEEKS IN ADVANCE****

PROCESS IN THIS ORDER:

- STEP ONE: • Team Member shall complete and give to manager. (Please print legibly).
- STEP TWO: • Manager shall complete the number of hours employee is eligible to be paid after verifying the employee's vacation hours balance.
 • Approval signature is completed by the manager.
 • Request form is forwarded to Human Resources.
- STEP THREE: • Human Resources verifies the number of hours to be paid.

STEP ONE: For Team Member to Complete.

Team Member ID: _____ Today's Date: _____

Legal Last Name: _____ Legal First Name: _____

Department: _____ Position: _____

I am requesting (Use separate forms for multiple requests and/or reasons):

- Annual Vacation
- Family Medical Leave: _____ Reason _____
 (Reason must be FMLA approved)
- Funeral Leave: _____ Name and Relationship to Team Member _____

Chart to be completed by Manager

S	M	T	W	TH	F	S

*Indicate days off (X), holidays (H), and birthday (B) holiday

Number of days requested: _____

First day of leave : _____ Return to work date: _____

I understand that if I fail to return to work by the date indicated on my request, that I am subject to disciplinary action, including discharge. I further understand that a leave of absence is not granted for the purpose of obtaining another job or working elsewhere. If I do so, my leave of absence is immediately invalid and I am subject to discharge. I understand that a vacation or leave of absence is not considered approved until all necessary signatures have been obtained.

Team Member Signature

Date

STEP TWO: For Manager to Complete.

Number of hours to be paid: _____

Vacation hours: _____ As of: _____

Date of hire: _____

Years of service: _____

Approved: _____
 Manager Signature

STEP THREE: For Human Resources Use Only
