

**HARDING UNIVERSITY VACATION REQUEST FORM
GROUP III EMPLOYEES**

NAME:
HU ID #:
SUPERVISOR:

Submit one form for all vacation occurring in same monthly period to Monthly Payroll, Box 10772.

VACATION WITH PAY YES _____ NO _____
START (MM/DD/YY)
THROUGH (MM/DD/YY)
TOTAL HOURS

Employee Signature – Date

Supervisor's Signature – Date