

COASTAL TRANSPORT CO., INC.

1603 Ackerman Road
San Antonio, TX 78219

VACATION REQUEST and APPROVAL FORM

TERMINAL: _____

EMP No.: _____ **DOH:** _____

EMPLOYEE: _____

Years of Service: _____ **Weeks of Vacation Due:** _____

As of _____ you are eligible for _____ week(s) of vacation.

Please complete the two copies of this request for each week of vacation you would like to request. Return both copies for approval to your terminal manager or supervisor.

At least **30 days** before you wish to begin your vacation, forward **ONE** approved copy to the Human Resources Department, and the **SECOND** copy is for the Terminal File.

I request to take week # ___ of ___ **VACATION** for the week of: _____ to _____.

RESCHEDULE week # ___ of ___ of my vacation for the week of: _____ to _____.

This replaces the request previously scheduled for the week of: _____ to _____.

I request to be **PAID-IN-LIEU** of vacation for the week # ___ of ___ of my vacation for the week of:

** _____ to _____.
(Begin Pay Date) (Ending Pay Date) (Reason for requesting Paid-in-Lieu of Vacation)

**The above date is when the paid-in-lieu will be processed. No paid-in-lieu will be processed before the anniversary date!

(Signature of Employee)

(Date)

(Signature of Terminal Manager or Supervisor)

(Date)