

FELLOWS
PLACEMENT

VACATION REQUEST FORM

E-mail to: **accounting@fellowsplace.com**

Today's Date: _____

Employee Name: _____

First day of Vacation: / / _____

Last day of Vacation: / / _____

days of Vacation: _____

ELIGIBILITY REQUIREMENT FOR 5 DAYS OF PAID VACATION

1,000 Hours of work in previous 12 months

1 Week notice required

RATE: average daily rate