



Vacation Request Form

Please fill out the form below and turn into your department manager by January 31st of each calendar year.

EMPLOYEE			
Name:			
Department:		Date:	
1 st Week Request:			
2 nd Week Request:			
3 rd Week Request:			
Additional Info:			

KMH SUPERVISOR APPROVAL			
Name:			
Signature:			
Title:		Date:	

888-KMH-SYSTEMS www.kmhsystems.com

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|---------------------------------------|--------------------------------------|--|--|--------------------------------------|---|------------------------------------|
| Southwest Ohio
Dayton | Central Ohio
Columbus | Southern Ohio
Cincinnati | Northwest Ohio
Toledo | Central Kentucky
Lexington | Western Michigan
Grand Rapids | Greater Chicago
Elgin |
| Northern Indiana
South Bend | Central Indiana
Logansport | Northeast Indiana
Fort Wayne | Northwest Indiana
Schererville | Middle Tennessee
Nashville | Eastern Tennessee
Cookeville | Northern Georgia
Atlanta |