

Vacation Hold/Extended Absence Request

Request for a Vacation Hold or Extended Absence must be received **30 days** prior to the next billing cycle. Please fill out the form below and give it to a staff member.

Name: _____

Phone: _____

E-mail: _____

Hold account from _____, 20____ until _____, 20_____.

Reason: _____

Signature: _____ Date: _____

For internal use:

Date Received: _____

Staff Name: _____