

Name:

Employee ID:

Date:

Request the following vacation days:

Last Day	First Day of	Last Day of	Return to	Total
Worked	Vacation	Vacation	Work	Hours Taken

During this vacation, my duties are to be performed by:

Total Vacation Hours Accrued to date:

Employee's Signature

(For Department Use Only)			
	Approved		
	Immediate Supervisor's Approval		
	Denied		
	Remarks:		

The College District prohibits discrimination, including harassment, against any employee on the basis of race, color, retaliation, gender, national origin, age, disability, or any other basis prohibited by law.