

VACATION REQUEST
for
12-Month Exempt Employees

This vacation request is to be returned to the Office of Education prior to taking vacation days. Vacation days may be accrued up to 150% of the regular annual vacation accrual.

I. Request:

A. Employee Name _____

Contact Phone _____

School _____

B. Vacation Requested _____

Total Days _____

Dates

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____

Fax: 951-509-2392

Email: Rachael.Gil@seccsda.org

FOR OFFICE USE ONLY

Approved

Total Days Deducted: _____

Signature of Superintendent or Designee

Date

COPY TO:

Human Resources

Payroll

School/Center

Employee