



Southeastern California Conference of Seventh-day Adventists®
 Office of Education
VACATION APPLICATION
 12-Month Exempt Employees

This vacation application is to be returned to the Office of Education one month prior to vacation dates. Any vacation days remaining at the end of the year will be automatically carried over to the next year not to exceed 150% of vacation accrual in one year.

Employee Name: _____ Contact Phone: _____

School: _____

VACATION REQUESTED:

Dates: _____

Total Days: _____

VACATION CHANGE:

Original Dates of Vacation: _____

Total Days: _____

New Dates of Vacation: _____

Total Days: _____

VACATION RETRACTION:

Original Dates for Vacation: _____

Total Days Credited: _____

Signature of Employee: _____

Date: _____

Signature of Supervisor: _____

Date: _____

FOR OFFICE USE ONLY

Approved Total Days: _____
 Not Approved

Signature of Superintendent or Designee

Date

COPY TO: HR Payroll Employee School