



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 as possible. 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: \_\_\_\_\_

**BEREAVEMENT:**  
 Dates for bereavement: \_\_\_\_\_ Total Days: \_\_\_\_\_  
 Relation to deceased: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Available vacation as of: (DATE) \_\_\_\_\_ (DAYS) \_\_\_\_\_

Approved Total Days approved: \_\_\_\_\_ / Total Days Credited back: \_\_\_\_\_  
 Not Approved

\_\_\_\_\_  
*Signature of Superintendent or Designee* \_\_\_\_\_  
*Date*