



PART I: EMPLOYEE INFORMATION

Last Name: First Name:

Classification: Bargaining Unit:

Administrator:

Department:

Supervisor:

Please list all requested vacation dates:

ADMINISTRATOR'S SIGNATURE

- Vacation Authorized**
- Vacation Not Authorized**

Administrator's Name: _____ Signature _____

Title: _____ Date: _____

All vacation requests are subject to approval by an Appropriate Administrator. Administrators may consider operational needs in determining whether an employee is authorized to take vacation leave. Administrators should respond to requests for vacation no later than fourteen (14) days from the date of a request.