

IMPERIAL COMMUNITY COLLEGE DISTRICT
DEPARTMENT OF HUMAN RESOURCES

CLASSIFIED EMPLOYEE REQUEST FOR VACATION

EMPLOYEE NAME: _____

TITLE: _____ DEPARTMENT: _____

DATES REQUESTED FOR VACATION

Beginning _____ Through _____

TOTAL DAY(S) REQUESTING: _____

(If employee doesn't have enough vacation hours on the books may also use compensatory time or personal leave time if available) Please note if you plan to use additional time besides vacation.

COMMENTS: _____

Employee's Signature *Date*

Supervisor's Signature *Date*

Total hours earned: _____ Total days accrued _____

As of timesheet ending 15th of _____ 20 ____

Verified by: _____

Approved by: _____
Associate Vice President for Human Resources/EEO

Comments: _____

