



***ADMINISTRATOR'S*
VACATION REQUEST**

***Administrators are school principals, conference officers, department directors, assistant directors and associate directors.**

Instructions:

- 1) Complete the upper portion, being sure to specify the start and end of your requested vacation period.
- 2) List how and where you can be reached in case of an emergency.
- 3) Remember, if your vacation plans change, notify your supervisor and the Human Resources Department. Your vacation days will be recorded as indicated on this request unless an amendment is submitted to Human Resources in writing.
- 4) Sign and date the request as indicated.
- 5) When the upper portion is completed, fax, mail, email or hand-deliver the request to the **Human Resources Department**. [Fax # (818) 546-8475] - [hr@sccsda.org].
- 6) After your available and remaining vacation days are verified, the request will be delivered to your supervisor.
- 7) Upon your supervisor's approval and signature, the request will be returned to the Human Resources Department and a copy will be sent to the payroll department and to the employee.

If you have any questions, please feel free to call the Human Resources Department at (818) 546-8415.

Name printed: _____

Department: _____

Vacation request(s):

First day of vacation (month/day/year):	Last day of vacation (month/day/year):

In case of an emergency, I can be reached at:

Dates	Address	Phone Number

I understand that these vacation days will be recorded and deducted from my vacation bank unless I submit a written change request to my supervisor and the SCC Human Resources Department.

(Worker's Signature) _____ (Date) _____

FOR SCC OFFICE USE ONLY:

Days available: _____ Days used: _____ Days left: _____ Human Resources Dept: _____

Signature _____ (Department Director/Administrator)

Name printed: _____ Date: _____