



SUPPORT STAFF
VACATION REQUEST

Instructions:

- 1) Complete all sections and be 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 (VACATION CHANGE form) is submitted to Human Resources in writing.
- 4) Sign and date the request as indicated.
- 5) When completed, fax, mail 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) The request will be signed by your supervisor upon approval.
- 8) Upon your supervisor's approval and signature, the approved request will be returned to the Human Resources department and a copy sent to payroll and to the employee via email.
- 9) If you have any questions, please feel free to call the SCC Human Resources Department at (818) 546-8415.

SECTION I - TO BE FILLED OUT BY EMPLOYEE:

Name: _____

Department: _____ E-mail: _____

Vacation request(s): **(Circle dates you request as UNPAID Leave)**

From (month/day/year):	To (month/day/year):	Number of days/hours

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 the SCC Human Resources Department.

(Worker's Signature) _____ (Date) _____

SECTION II - FOR OFFICE USE ONLY:

Hrs available: _____ Hrs used: _____ Hrs left: _____ Human Resources: _____

Approved and signed by Department Director: _____

Printed Name: _____