

# SAN BERNARDINO COMMUNITY COLLEGE DISTRICT

## VACATION/TIME OFF REQUEST FORM

(CLASSIFIED, CONFIDENTIAL AND MANAGEMENT EMPLOYEES)

Name of Employee: \_\_\_\_\_

Work Location: \_\_\_\_\_

Classification: \_\_\_\_\_

I am requesting approval to utilize the accumulated vacation hours/days as follows:

From: \_\_\_\_\_ Through: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Approved:            Yes               No  

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Immediate Supervisor

(If vacation request is not approved, please state reasons below)

FOR MANAGEMENT EMPLOYEES ONLY:

Approved by:

\_\_\_\_\_  
Vice President/President or Chancellor

\_\_\_\_\_  
Date

REASONS FOR NOT APPROVING VACATION REQUEST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_