

Claremont Unified School District

170 W. San Jose. Ave.
Claremont, California 91711-2697

Vacation Request Form

Employee completes this section and forwards it to immediate supervisor.

Employee's Name: _____ Vacation Telephone: _____

School/Department: _____ Position: _____

Vacation Dates Requested: _____ through _____

Number of **Hours** Requested: _____

Number of Hours Accrued: _____

Signature of Employee: _____ Date: _____

Supervisor checks against the local school/department schedule and indicates approval or denial. Supervisor returns one copy to employee and retains one copy at site for follow-up and recording on time sheet.

Supervisor's Approval Denial

Comments: _____

*Who will cover responsibilities of position? _____

Signature of Supervisor: _____ Date: _____

Original: Supervisor

Copy: Employee

***Note:** Each local school/department is responsible for maintaining its own vacation calendar to assure there is adequate coverage.