

MIRACOSTA COMMUNITY COLLEGE DISTRICT

EMPLOYEE VACATION LEAVE REQUEST

PLEASE NOTE: *Vacation must be approved in advance by the supervisor(s).*
Employees should not make advance plans without this written approval.

TO: _____
Supervisor's name

APPROVAL FOR VACATION LEAVE IS REQUESTED FOR:

Name of Employee _____

Department _____

Dates of Leave **FROM:** _____ **TO:** _____

Total Hours Requested _____

I Shall Return To Work On _____

EMPLOYEE: _____
Signature Date

SUPERVISOR: _____
Signature Date

ADMINISTRATOR: _____
(If applicable) Signature Date

<p>SUPERVISOR(S): Retain a copy of this form and return the original to the employee.</p>
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