

CSEA Vacation Request Form

(Submit along with an Employee Absence Form)

Name: _____ Site/Dept: _____

Please be aware that based on an MOU recently signed between the District and CSEA, vacation request requirements have changes. The following vacation guidelines now apply:

- For the rest of the 2013-14 school year, CSEA unit members may:
 - submit requests for vacations of more than three (3) consecutive days in length to the unit members' direct supervisor at least thirty (30) days in advance
 - submit requests for vacations of one, two, or three consecutive days in length to the unit members' direct supervisor at least ten (10) days in advance
 - if an emergency situation arises, submit requests for vacation of any length at any time, knowing that such requests may be approved or denied at the sole discretion of the District
- Beginning with vacations requested for the 2014-15 school year, current contract language will be enforced, and requests for 3 or more days of vacation to be taken during the 2014-15 school year will need to be submitted by May 30, 2014, and requests for one or two days of vacation to be taken during the 2014-15 school year will need to be submitted at least ten days in advance.

My personal records reflect that I have _____ days of vacation time accrued as of today's date and that I accrue an additional _____ days of vacation time per month.

_____ I hereby request the following vacation(s) of less than three (3) consecutive days scheduled at least 10 days from now, as listed below.

_____ I hereby request the following vacation outside of the above timelines because of an emergency situation as listed below. I have described the emergency in the comments section, and I have attached additional documentation to support my need for emergency vacation leave.

_____ It is before May 30, and I hereby request the vacation(s) of three (3) or more consecutive days for the following school year, as listed below

| Dates Requested | Number of Days Requested |
|-----------------|--------------------------|
| | |
| | |
| | |

Comments (optional):

Employee Signature _____ Date _____

Supervisor Approval of Requested Dates _____ Date _____

Human Resources Approval _____ Date _____

After supervisor approval is given, please make a copy for your records and submit this form to Human Resources according to the timelines above.