

Foothill-De Anza Community College District

REQUEST FOR VACATION

In accordance with Chapter 7 of the *Agreement* between the Foothill-De Anza Community College District and CSEA, Chapter 96, Unit A, this form must be submitted at least **10 working days** in advance of the days requested for vacation.

DATE: _____

NAME: _____

POSITION: _____ DEPARTMENT: _____

Regular Work	
Schedule: From _____ am/pm to _____ am/pm	Days: SU M T W TH F SA (Circle days you normally work)
I request vacation on the following days:	
Beginning	Ending
Return to Work	Total Days of Vacation
Day/Date: _____	_____
_____	_____
Signature	Date

In accordance with Chapter 7 of the *Agreement* between the Foothill-De Anza Community College District and CSEA Chapter 96, Unit A this request must be approved/denied and the form returned to the employee within 3 days of receipt.

Date Received: _____

TO: _____

FROM: _____ (Supervising Manager)

RE: Vacation Request

_____ The vacation schedule requested above is approved.

_____ The vacation schedule requested above is not approved.

_____ a) There is another employee already scheduled to take vacation during that time.

_____ b) The work load of the department does not permit any vacation during that time.

_____ c) Other _____

Signature

Date