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**

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