



310 Nova Albion Way, San Rafael, CA 94903

www.srcs.org

VACATION OR PERSONAL NECESSITY DAYS REQUEST FORM

1) Complete by Employee:

Employee Name:	Work Site /Dept.:
Employee ID #:	Remarks:

If the day(s) listed below do not conflict with the duties of my assignment. I plan to use _____ day(s) of my accrued Vacation or Personal Necessity day.

Vacation (list dates): _____

Personal Necessary (list dates): _____

Employee Signature

Date

Employees are required to file an absence form upon returning to reflect the actual days of absence

2) Complete by Payroll Office:

The Requested Vacation Days:	<input type="checkbox"/> Available	<input type="checkbox"/> NOT Available
The Requested Personal Necessary Days:	<input type="checkbox"/> Available	<input type="checkbox"/> NOT Available

Verify By

Date

3) Complete by Administrator: **Request Approved** **Request Denied**

Administrator Signature

Date

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(Send this form to the Payroll Office)
(A copy will be returned to the employee & the Administrator)