Office of Education Vacation Request Form

Central California Conference of Seventh-day Adventists

Name: Hire date:	
Available Days: Call education or check online for available time. Days requested:	
NAD Working Policy states the following:	
Annual vacation with pay shall be provided for regular denominational employees and may be accruand calculated on the following basis:	ued
During first four-year period 2 weeks During next five-year period 3 weeks After nine years of service 4 weeks	
Time-Off Date(s) Requested	
Please do not plan vacation time during regular required meetings or days school is in ses	sion.
From: To:	
From: To:	
Please make sure you have notified your board chair of your proposed vacation dates.	
Please indicate how we could contact you in case of an emergency.	
Name: Telephone:	
Cell Phone: Other:	
By requesting the above vacation days, I agree that if these days exceed my accrued vacatime, and if my employment with CCC should terminate before I accrue sufficient vacation of to cover the time I actually used, I authorize CCC to subtract the deficiency from my final padisbursement.	days
Carryover (only include this information on June report):	
☐ I have been unable to use my full vacation time for this year and am requesting that week(s) be carried over for the school year.	
Date Submitted: Signature:	
Approved by Superintendent: Date:	
☐ Check that a copy of this request was submitted to board chair.	
Please submit this form to the Education Department and keep a copy for your records. If y have any questions concerning this form or your vacation accrual, please contact the Education accrual (559) 347-3053 or email Norma at nmaynez@cccsda.org .	

*Note: 12-month education employees are allowed an additional four days off at the two-week Christmas break without subtracting from their vacation days.

**Any schools that are on a four-day curriculum week are still on a five-day administrative duty week. Thus, any Friday taken off is counted as a vacation day.