

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 accrued and calculated on the following basis:

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 session.

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 vacation time, and if my employment with CCC should terminate before I accrue sufficient vacation days to cover the time I actually used, I authorize CCC to subtract the deficiency from my final pay disbursement.

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 you have any questions concerning this form or your vacation accrual, please contact the Education Department at (559) 347-3055 or email Premila at pwillmott@cccda.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.*