

**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 _____

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's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____
(if applicable)

Supervisor(s) retain a copy of this form and return the original to the employee.