

# MIRACOSTA COMMUNITY COLLEGE DISTRICT EMPLOYEE VACATION LEAVE REQUEST

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**PLEASE NOTE:** *Vacation must be approved in advance by the supervisor(s). Employees should not make advance plans without this written approval.*

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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: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

SUPERVISOR: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Approved  Denied  
Reason for denial: \_\_\_\_\_

ADMINISTRATOR: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable) Signature

Approved  Denied  
Reason for denial: \_\_\_\_\_

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