

SUNY SCHEENECTADY COUNTY COMMUNITY COLLEGE

*CIVIL SERVICE
SUPPORT STAFF
VACATION LEAVE REQUEST*

DATE OF REQUEST _____

NAME _____

JOB TITLE _____

DEPARTMENT _____

DATE(S) FOR WHICH LEAVE IS REQUESTED:

COMMENTS: _____

NO VACATION WILL BE GRANTED WITHOUT APPROVAL OF THIS REQUEST.

Signature of Employee

Approved/Denied

Signature of Supervisor

Approved/Denied

Signature of Supervising Dean

Completed copies: Originator: white Personnel: yellow Payroll: pink