

CALUMET COLLEGE OF ST. JOSEPH

VACATION REQUEST

NOTE: To be used when taking one or more weeks at a time, **not individual days**

NAME: _____ **DEPARTMENT:** _____

WEEKS _____ **TOTAL # OF DAYS TAKEN** _____

Dates Requested:

FIRST DAY _____ LAST DAY _____ RETURN TO WORK ON _____

FIRST DAY _____ LAST DAY _____ RETURN TO WORK ON _____

FIRST DAY _____ LAST DAY _____ RETURN TO WORK ON _____

FIRST DAY _____ LAST DAY _____ RETURN TO WORK ON _____

Date: _____ Prepared by: _____

Date: _____ Approved by Supervisor: _____

Note to supervisor: Forward the original to the Payroll Office and keep a copy for your file.