



# VACATION AUTHORIZATION FORM

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_ Site/Department: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ - \_\_\_\_\_ (ex: 2015-2016)

District employees may elect to use their vacation leave to be fully paid during an extended illness (after fully exhausting their fully-paid sick leave balance). As vacation cannot be used to supplement 50% differential pay, employees will be charged a full day of vacation leave for each day of absence. Employees must submit a new request each fiscal year.

- I understand that this agreement is only for this illness.
  
- By completing this form, I authorize my vacation leave to be used when all of my fully paid sick leave is exhausted.
  
- I understand that when my fully paid sick leave is exhausted for this school year, my vacation leave will be used. When my vacation leave is exhausted, I will receive the remaining days applicable to my 100 days of extended sick leave at 50% differential pay.

Employee Signature: \_\_\_\_\_

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

**Please return completed form to Payroll/Employee Leave & Attendance**