



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.

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I understand that this agreement is only for this illness.

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By completing this form, I authorize my vacation leave to be used when all of my fully paid sick leave is exhausted.

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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