

## CSSB VACATION SCHEDULE REQUEST FORM

To insure adequate coverage, we are asking that all vacation requests be submitted to our office **at least (4) weeks in advance or prior to your vacation**. If you are a full time employee, someone who has worked a minimum of 30 hour per week, every week, for a full year, you are eligible for vacation with time off and pay or you can receive extra pay without taking time off between the months of January 15th and November 15<sup>th</sup>.

Requests will be granted on a first come first served basis and if your first choice can't be granted, we will try to use your second choice. **Note: All requests must be approved by our Office (CSSB) and the scheduling manager. This form is valid only when signed.**

**Employee Name** (Please Print): \_\_\_\_\_

Time off Dates-From: \_\_\_\_\_ to \_\_\_\_\_ (1<sup>st</sup> Choice)

Time off Dates-From: \_\_\_\_\_ to \_\_\_\_\_ (2<sup>nd</sup> Choice)

If you are requesting time off with pay, check here \_\_\_\_\_

If you are requesting the additional week of pay with no time off, check here \_\_\_\_\_

**This completed form MUST be turned into our (CSSB) office (4) weeks in advance.**

*If the form isn't signed or filled out properly, pay will be withheld until it is corrected.*

Date check is to be received (Must be a regular pay day): \_\_\_\_\_

Approved by (CSSB Office): \_\_\_\_\_ Date: \_\_\_\_\_

Scheduler Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**WEEKLY TIME CARDS**

**WEEK ENDING DATES**

| DAY  | DATE | IN | LOCATION | OUT | HOURS |
|------|------|----|----------|-----|-------|
| SUN  |      |    |          |     |       |
| MON  |      |    |          |     |       |
| TUES |      |    |          |     |       |
| WED  |      |    |          |     |       |
| THUR |      |    |          |     |       |
| FRI  |      |    |          |     |       |
| SAT  |      |    |          |     |       |

**TOTAL HOURS** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_