

University of San Francisco
VACATION REQUEST FORM

Name _____

School/Department _____

Date _____

Policies and procedures regarding vacation are set forth in Article 8 of the collective bargaining agreement. Employee must receive prior approval from his/her supervisor not less than five (5) working days in advance of requested vacation start date.

Vacation Requested Start Date: _____

Date of Return to University: _____

TO BE SIGNED BY ADMINISTRATOR(S) ONLY

This vacation request is (please circle one):

Granted

Denied

Supervisor's Signature

Date

If request is denied, the Dean/Vice President's signature is required.

Dean/Vice President's Signature

Date