

Support Staff Vacation Request Form

South Atlantic Conference of Seventh-day Adventists

Employee Name: _____ Date of Request: _____

Vacation for employees is allotted based upon:

NAD Working Policy E 75

During first four year period 2 weeks

During five year period 3 weeks

After nine years of service 4 weeks

Only two weeks of vacation time can be carried over to the next year.

Vacation due as of January 1 (including carryover): _____ week(s) _____ day(s)

Less vacation previously taken this year: _____ week(s) _____ day(s)

Current Balance: _____ week(s) _____ day(s)

Vacation Requested

(Please use one form per request. If there are breaks in the days, please use another form.)

Beginning Date: _____

Ending Date: _____

Total Weeks/Days Taken: _____

Balance: _____

Employee Signature: _____

Dept. Director Approval: _____ Date: _____

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Dept. Director Approval: _____ Date: _____

Exec. Secretary Approval: _____ Date: _____