

COAHOMA COMMUNITY COLLEGE



VACATION REQUEST FORM

Name _____

Date of request _____

Number of days to be taken _____

Starting/ending dates _____

Date returning _____

Employee signature _____ Date _____

Please secure the following signatures before submitting to Employee Services:

	Approve	Disapprove
_____ Supervisor	[]	[]
_____ Divisional Dean/ Director	[]	[]

Submit approved Vacation Request Form to Employee Services for verification two weeks prior to leave request.

_____ Director of Employee Services/Human Resources	[]	[]
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NOTE: PPM, page 17: Leave may not be requested on the first or last days of the school terms, or on the days before or after recognized federal or state holidays.