

Vacation/Bereavement Application
Exempt Personnel

This vacation action form is to be returned to the Human Resources Department one month prior to the requested vacation dates; requests should not conflict with Conference Worker's Meetings. The SECC vacation policy can be found in the Employee Handbook. Any vacation days remaining at the end of the year will be automatically carried over to the next year, not to exceed your maximum accrual rate.

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Vacation Request:

Employee Name: _____ Work Location: _____

Phone Number: _____ Email Address: _____

Vacation Requested:

Dates: _____ Total Days: _____

Church/Department coverage information:

Individual responsible for your church/department during vacation:

Name: _____ Email Address: _____ Phone: _____

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Vacation Change

Original Dates for Vacation: _____ Total Days: _____

New Dates for Vacation: _____ Total Days: _____

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Vacation Retraction

Original Dates for Vacation: _____ Total Days Credited: _____

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Bereavement

Dates for Bereavement: _____ Total Days: _____

Relation to deceased: _____

Signature of Employee: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____

FOR OFFICE USE ONLY Current vacation balance: _____ Date: _____ ☐ Approved ☐ Not Approved

Conference Officer: _____ Date: _____

Human Resources Director: _____ Date: _____