

**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.

Employee Name: _____ Work Location: _____

Phone Number: _____ Email Address: _____

Vacation Request

Dates: _____ Total Days: _____

Individual responsible for your church/department during vacation:

Name: _____ Phone/Email: _____

Vacation Change

Original Dates for Vacation: _____ Total Days: _____

New Dates for Vacation: _____ Total Days: _____

Vacation Retraction

Original Dates for Vacation: _____ Total Days Credited: _____

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: _____