



COMMUNITY COLLEGE
OF RHODE ISLAND

INSTRUCTIONS: Submit original copy to The Payroll Office

Vacation Leave Request

Request for vacation leave must be completed by all staff members planning to take more than three (3) successive vacation days. Requests should be submitted to your Department Chairperson/Supervisor at least **two weeks** (10 days) before the dates requested.

PLEASE NOTE: If terminating, no more than two (2) weeks of vacation following the last day actually worked will be approved.

TO: Department Chairperson/Supervisor _____

Approval for vacation leave is requested for:

Name of Employee: _____

Banner ID #: _____

Department: _____

Dates of Leave: From: _____ To: _____

Total Hours Requested: _____

Date

Department Chairperson/Supervisor Signature

Date

Dean Signature

Date

Divisional Vice President/President Signature

Payroll Office

Vacation Leave Balance as of: _____ is _____ hrs.

Accrued leave is insufficient by _____ hrs.

Date

Payroll