

## **ADMINISTRATORS'/CHAIR APPLICATION FOR VACATION**

In accordance with the HR Policy, vacation days should be pre-approved.

The Office of Human Resources — Payroll department may request copies of such documents for verification purposes.

## ALL TIME TAKEN AS VACATION MUST BE REPORTED USING WEB-TIME ENTRY.

Administrator's Name:(Please print)	Date:	_ UID#:
Please select your classification: ADMINISTRATOR	FACULTY	
I am requesting authorization to take vacation on the following day(s) (MM/DD/YY):		
Signature of Administrator:		
Approved	Not A	pproved
Supervisor's Name:(Please print)		
Signature of Supervisor	Da	ite:
This form should be utilized by the departments for record-keeping purposes.		