

SUNY SCHENECTADY
COUNTY COMMUNITY COLLEGE

*CIVIL SERVICE
SUPPORT STAFF
REQUEST FOR
VACATION LEAVE/OR USE OF
FLOATING HOLIDAY*

DATE OF REQUEST _____

NAME _____

JOB TITLE _____

DEPARTMENT _____

DATE(S) FOR WHICH LEAVE IS REQUESTED:

DATE(S) FOR WHICH FLOATING HOLIDAY IS REQUESTED:

COMMENTS: _____

NO REQUESTS WILL BE GRANTED WITHOUT APPROVALS BELOW.

Signature of Employee

Approved/Denied

Signature of Supervisor

Approved/Denied

Signature of Supervising Dean

Completed copies: Originator: white Personnel: yellow Payroll: pink