



ALHAMBRA
UNIFIED SCHOOL DISTRICT

Date: _____

TO: PAYROLL DEPARTMENT

SUBJECT: ADDITIONAL HOURS OF VACATION TIME

I, _____ feel that I qualify for eight (8) hours of vacation (prorated for part-time employees) according to Article X, #10 of the CSEA contract because I have taken two(2) or less days of sick leave and/or personal necessity in the last fiscal year.

Signature

Date

Social Security #

Work Location

Assignment: _____ / _____
Hours per day Days per week

IN ORDER TO RECEIVE ADDITIONAL VACATION CREDIT, FORM MUST BE RECEIVED IN PAYROLL OFFICE BY 5:00 P.M. ON SEPTEMBER 30TH.

PAYROLL USE ONLY:

of Sick Leave/Personal Necessity days used
in Fiscal year _____ / _____

of Hours of Additional Vacation Time Credited
in Fiscal year _____ / _____

Comments: _____

Processed by: _____ Date: _____