

**Vacation/Bereavement Application  
Exempt Personnel**

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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.

**Vacation Request:**

Employee Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Dates: \_\_\_\_\_ Total Days: \_\_\_\_\_

Church/Department coverage information: *Individual responsible for your church/department during your vacation.*

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Current Vacation Balance: \_\_\_\_\_ Date: \_\_\_\_\_ Approved Not Approved

Conference Office: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_