

**Vacation/Bereavement Application
Exempt Personnel**

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:** _____

FOR OFFICE USE ONLY

Current Vacation Balance: _____ Date: _____ Approved Not Approved

Conference Office: _____ Date: _____

Human Resources Director: _____ Date: _____