Palmdale School District
Launching a lifetime of learning

CLASSIFIED EMPLOYEE VACATION REQUEST FORM

Per Article 9.3.13 "Vacations for unit members shall be scheduled at times requested in writing and approved by their supervisor. The District shall make a good faith effort to meet the unit member's request(s). The unit member shall make a good faith effort to request and schedule at times least disruptive to the operation of the District. All vacation denials and reason(s) for denial shall be in writing within ten (10) working days of receipt."

EMPLOYEE NAME: Jane Doe   DATE: 12/02/2020

SITE: Barrel Springs ⌄

POSITION: Fingerprint Technician

REQUESTED VACATION DATES: Start Date 12/03/2020   End Date 12/04/2020

Total number of days requested: 2

EMPLOYEE SIGNATURE: _Jane Doe_

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SITE USE ONLY (To be filed at site):

APPROVED: ☐

DENIED: ☐   (If this box is checked, please indicate denial reasons below)

Date Received: _____

Printed Name of Supervisor: _____

Supervisor Signature: _____

Per Article 9.3.13 of the Collective Bargaining Agreement, "All vacation denials and reason(s) for denial shall be in writing within ten (10) working days of receipt."

Reason for Denial:

[Submit form / Enviar formulario]

Revised 10/20/2020

Once you have completed all required fields, you will click on Submit form.

Please select next recipient below

Send to this recipient

Supervisor Barrel Springs - Principal

Email yediaz@palmdalesd.org

Cc
Send a view-only link

Email (include multiple by separating with commas)

Email Subject

Sign or Review: Form for {recipient} titled Vacation Request Classified Emp

Message

You have received a document for {recipient} from Kari Dries.
Please fill out your parts of the form and submit according to instructions on the online form and website.

☑ **Allow replies to this email**

Vacation Re itiated 4 minutes ago

Currently on Step **1** of

Please fill out the foll

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SITE: Barrel Springs

POSITION: Fingerprint Technician

REQUESTED VACATION DATES: Start Date 12/03/2020   End Date 12/04/2020
Total number of days requested: 2

EMPLOYEE SIGNATURE: _____ Jane Doe _____

SITE USE ONLY (To be filed at site):

APPROVED: ☐

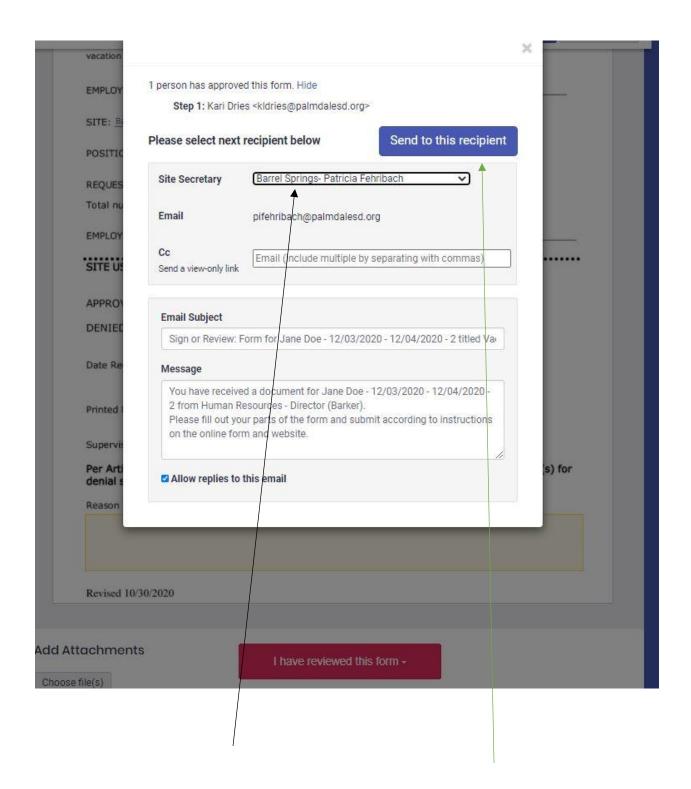DENIED: ☐   (If   Submit form / Enviar formulario   asons below)

After clicking, Submit form on previous page, you will be directed to this page. From here you will choose your assigned supervisor and click Send to this recipient.

EMPLOYEE NAME: Jane Doe   DATE: 12/02/2020

SITE: Barrel Springs

POSITION: Fingerprint Technician

REQUESTED VACATION DATES: Start Date 12/03/2020   End Date 12/04/2020

Total number of days requested: 2

EMPLOYEE SIGNATURE: _Jane Doe_____

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SITE USE ONLY (To be filed at site):

APPROVED: ☑

DENIED: ☐   (If this box is checked, please indicate denial reasons below)

Date Received: 12/02/2020

Printed Name of Supervisor: Yesenia Diaz

Supervisor Signature: _Yesenia Diaz_____

Per Article 9.3.13 of the Collective Bargaining Agreement, "All vacation denials and reason(s) for
denial shall be in writing within ten (10) working days of receipt."

Reason for Denial:

Revised 10/30/2020

Add Attachments

Choose file(s)

I have reviewed this form ▾

Once your supervisor receives the form, they will click on the link in their email and they
will see your requested form. Here, they will sign the form and choose either Approved
of Denied.

After completing the required fields, your supervisor will then choose: I have reviewed
this form.

Once they have clicked on I have reviewed this form, they will choose from one of the
choices listed.

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Revised 10/30/2020

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1 person has approved this form. Hide

Step 1: Kari Dries <kldries@palmdalesd.org>

Please select next recipient below   **Send to this recipient**

Site Secretary   Barrel Springs- Patricia Fehribach ▾

Email   pifehribach@palmdalesd.org

Cc
Send a view-only link   Email (include multiple by separating with commas)

Email Subject

Sign or Review: Form for Jane Doe - 12/03/2020 - 12/04/2020 - 2 titled Va

Message

You have received a document for Jane Doe - 12/03/2020 - 12/04/2020 -
2 from Human Resources - Director (Barker).
Please fill out your parts of the form and submit according to instructions
on the online form and website.

☑ Allow replies to this email

s) for

Add Attachments

I have reviewed this form ▾

Choose file(s)

After a selection is chosen, the supervisor will then be directed to this screen where they will choose the assigned Site Secretary and click Send to this recipient.

SITE: Barrel Springs

POSITION: Fingerprint Technician

REQUESTED VACATION DATES: Start Date 12/03/2020   End Date 12/04/2020

Total number of days requested: 2

EMPLOYEE SIGNATURE: _____ *Jane Doe* _____

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SITE USE ONLY (To be filed at site):

APPROVED: [✓]

DENIED: [   ]   (If this box is checked, please indicate denial reasons below)

Date Received: 12/02/2020

Printed Name of Supervisor: Yesenia Diaz

Supervisor Signature: _____ *Yesenia Diaz* _____

Per Article 9.3.13 of the Collective Bargaining Agreement, "All vacation denials and reason(s) for denial shall be in writing within ten (10) working days of receipt."

Reason for Denial:

Revised 10/30/2020

Add Attachments

[Choose file(s)]

[I have reviewed this form ▾]

Complete this form
Request corrections
Deny

The form is complete once the site Secretary
receives and chooses: I have reviewed this form.

The form is now complete. ☺