



**VICTOR VALLEY UNION HIGH SCHOOL DISTRICT**

*Business Services*

16350 Mojave Drive, Victorville, CA 92395-3655

760.955.3201 ext. 10213

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**Classified Employee Vacation Payout Request Form**

**(Employees whose work year is less than 261 days)**

***Must be submitted to Fiscal Services by 4 p.m. on June 5, 2020***

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

Phone Number: \_\_\_\_\_

Site/Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

In order to receive a vacation payout, your vacation balance must not be in the negative as of June 30, 2020 and you must have been employed with the district for 6 months or more.

**2019-20 Vacation Balance Payout**

I would like all or a portion of my vacation balance as of June 30<sup>th</sup> paid at the end of July.

Please pay out my entire balance as of June 30<sup>th</sup>

Please pay out \_\_\_\_\_ Hours/Days (Circle Hours or Days)

**2020-21 Vacation Accrual Payout**

I choose to not use any portion of my available vacation leave and “Bank” my vacation days as outlined in Article 9 “Leaves” of the collective bargaining agreement.

I choose to have \_\_\_\_\_ Hours/Days (Circle Hours or Days) divided and paid in equal monthly installments.

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I understand this election is irrevocable during the fiscal year and the amount of vacation leave allocated for payout will not be available for use during the 2020-21 fiscal year.

I understand this request is voluntary and that all lawful deductions will be taken from a vacation payout.

I understand that if I do not submit this form by June 5<sup>th</sup>, I will receive my 2020-21 vacation allotment on July 1st and will not have the option to receive any vacation payout until July 2021.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please email a copy of this form to [fiscalservices@vvhdsd.org](mailto:fiscalservices@vvhdsd.org) or return the original copy of this form to the mailbox in front of the Fiscal Services Department (District Office, Building 5) by June 5<sup>th</sup> at 4:00 p.m.**