



# Oxnard School District

1051 South 'A' Street, Oxnard, CA 93030 (805)487-3918

## CSEA Vacation Request Form

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

Location: \_\_\_\_\_

Number of hours requested: \_\_\_\_\_

From: \_\_\_\_\_

(Start Date & Time)

To: \_\_\_\_\_

(End Date & Time)

\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Supervisor Signature and Date

Approved: \_\_\_\_ Yes \_\_\_\_ No

Reason for Denial:

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Request for Review: \_\_\_\_ Yes \_\_\_\_ No Date Requested: \_\_\_\_\_

\*Final Reviewer Decision: Approved: \_\_\_\_ Yes \_\_\_\_ No

If request for vacation is denied, please provide a rationale for your decision and return to employee prior to indicated start date.

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Reviewers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*In the event that the request for review is denied, Article 15.4 shall apply.