



Tracy Unified School District, Financial Services 2024/2025 Request for Vacation Reinstatement

TRACY UNIFIED SCHOOL DISTRICT

Date _____

Name _____ ID # _____

Location _____ Hours per day _____

Requests will not be processed until all absence reports from 2024/2025 are received

APPROVAL TO BE PAID FOR UP TO 5 DAYS FROM 2023/24

Vacation Balance _____ hours Approved # of hours _____

Approved by: _____ Signature of Supervisor Name/Title (print)

Approved by: _____ Associate Superintendent of Business Services

APPROVAL FOR PAYMENT OF ADDITIONAL DAYS OR TO CARRYOVER ANY NUMBER OF DAYS (TO BE USED BY HUMAN RESOURCES ONLY)

Additional Days/Hours _____ hours Carryover _____ hours Pay Off _____ hours PAO # _____

Approved by: _____ Associate Superintendent of Human Resources

Comments: _____

***** FINANCIAL SERVICES USE ONLY *****

Available at Year End: _____ hours Carryover Approved by HR: _____ Total Carryover _____ hours Total Paid _____ hours Entered by/date _____ Paid date _____