



TEMECULA VALLEY
Unified School District

VACATION TRANSFER REQUEST

Date: _____

Employee Name: _____ Site: _____

Employee Number: _____ Last four digits of Social: _____

Email: _____ or Phone #: _____

Per Collective Bargaining Agreement Article 9.2, please transfer vacation hours to my sick leave to cover over use of sick leave for the month of _____

Employee Signature: _____

****This form must be received in Payroll by the 15th of the month***