



TRACY
UNIFIED SCHOOL DISTRICT

**Tracy Unified School District, Financial
Services 2025/2026
Request for Vacation Reinstatement**

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 2024/25

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 _____