



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, CA 93030 • 805/385-1501 • Fax 805/385-1522

[www.oxnardsd.org](http://www.oxnardsd.org)

## CSEA Vacation Request Form

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

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

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

From: \_\_\_/\_\_\_/\_\_\_ am/pm  
(Start Date & Time)

To: \_\_\_/\_\_\_/\_\_\_ am/pm  
(End Date & Time)

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

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

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

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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