



Tracy Unified School District, Financial  
Services 2026/2027  
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 2025/2026 are received

**APPROVAL TO BE PAID FOR UP TO 5 DAYS FROM 2025/26**

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 \_\_\_\_\_