



**VACATION CHANGE REQUEST**

(Please enter the correct dates to change, attach original Vacation Request, if available. Submit to the SCC Human Resources Department.)

Worker's Name: \_\_\_\_\_

Department/Region: \_\_\_\_\_ E-mail: \_\_\_\_\_

Vacation cancellation or change request(s):

**ORIGINAL VACATION REQUESTED:**

Start (month/day/year):	End (month/day/year):	Number of days/hours

**CHANGE TO:**

Start (month/day/year):	End (month/day/year):	Number of days/hours

**VACATION DAYS CANCELLED:**

Start (month/day/year):	End (month/day/year):	Number of days/hours

I understand that these vacation days will be cancelled or the changes will be made to my vacation or paid-leave bank. I understand that some changes may be prohibited by law or policy, and I will be notified if the requested change cannot be made.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved by Director/Supervisor : \_\_\_\_\_(Signature

Human Resources Dept \_\_\_\_\_

Date: \_\_\_\_\_

Copies:  Worker††  Dept. Director†  Payroll  Employee File