NEW JERSEY CONFERENCE OF SEVENTH-DAY ADVENTISTS, INC 2303 BRUNSWICK AVENUE LAWRENCEVILLE, NJ 08648

SALARIED STAFF VACATION REQUEST FORM

Name					_	
According to	policy I request vacation for the follo	wing dates:				
• First	First Day of Vacation:				_ (e.g. August 1, 2010)	
Last Day of Vacation:				(e.g. August 14, 2010)		
• Total	Days of Vacation Requested:	(e.g. 14 Days)				
For emergen	cy I can be located through:					
Nam	e					
Addr	ess					
Cell	Phone					
Employee Signature				Date		
Approved by	Department Head	Date				
accrual is ba	ys off". For exempt office staff, one was on four (4) days for each week on days of vacation you may accrue a	of vacation you a are as follows": AD	re eligible to tale	ke. Vacation accrua 09-64		
	Annual Vacation	2 Weeks	3 Weeks	4 Weeks		
	Per Years of FT Service Exempt Office Staff	1-4 Years 8 days	5-9 Years 12 days	10 Years 16 days		
	Exempt Office Staff	o days	12 days	10 days		
	Max. Vacation Accrual	2 Weeks	3 Weeks	4 Weeks		
	Exempt Office Staff	12 days	18 days	24 days		
vacation". A	ring Vacation — "Holidays which occu DCOM Action #09-140	-		·	loyee's	
	E ONLY: The above request is approved as recomposed subject to the following cha	•				
Signed Conf	erence Officer or Human Resources	Director	ADCOM Meeting Date:			
			ADCOM Vote #:			