

ALPINE COUNTY OFFICE OF EDUCATION ALPINE COUNTY UNIFIED SCHOOL DISTRICT
Vacation Payout Request

Date _____

Name _____

Total Days Requested _____

Employee Signature and Date

Supervisor Signature and Date

All Leave of Absence forms must be submitted to Business Services prior to vacation pay out.

I Business Services Use Only

Days _____

Daily Rate _____

Total _____

Account:

| | | |
|---------------------|----------------------------------|-----------|
| 01-0000-0-1110-1000 | 2140 INSTRUCTIONAL AIDE VACATION | -001-0000 |
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| 01-0000-0-1110-1000 | 2240 CLASSIFIED SUPPORT VACATION | -001-0000 |
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01-0000-0-0000-7200 2340 CLASSIFIED SUPERV VACATION -001-0000

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| 01-0000-0-0000-7200 | 2440 CLERICAL & OFFICE VACATION | -001-0000 |
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| 01-0000-0-0001-1000 | 2140 INSTRUCTIONAL AIDE VACATION | -001-PREP |
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| 01-0000-0-0001-1000 | 2140 INSTRUCTIONAL AIDE VACATION | -001-INFP |
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| Examined & Approved | Date |
|---------------------|------|

Jana Hanak, Business Manager