



THE COLLEGE FOR EXCELLENCE

VACATION TRANSFER FORM

EMPLOYEE INFORMATION

Employee Name: _____ **Number:** _____

Department: _____

Of Vacation Days to Transfer: _____ **From:** _____ **To:** _____
(YYYY) (YYYY)

Supervisor Explanation: _____

Supervisor: _____ **Title:** _____

Signature: _____ **Date:** ____/____/____

Approved by: _____ **Title:** _____

Signature: _____ **Date:** ____/____/____

