SANTA CLARA COUNTY OFFICE OF EDUCATION

1290 Ridder Park Drive, San Jose CA 95131-2398
Dr. Charles Weis, Superintendent

Business Services Branch

Payroll Services
Mail Code 244

Annual Request for Vacation Pay-Off Form

Employee Name: _____ _____
Please Print **Social Security Number**

_____ _____
Please Sign **Date**

As a permanent employee in the Aides, OSS or OTBS bargaining unit who is on a pro-rated calendar, I can either carry over earned vacation into the next fiscal year, subject to contract limitations, or receive a vacation pay-off on the July 31st payroll.

I have indicated my choice below:

_____ **1. Carry-over vacation, subject to contract limitation**

_____ **2. Receive a vacation pay-off on the July 31st payroll**

Instructions:

This form is provided for convenience. Please return the original signed form to the Payroll Services Department, Mail Code 244, NO LATER THAN MAY 15TH. Requests received after this date may not be processed until the August 31st payroll. Be sure to give a copy of this form to your supervisor and keep a copy for your records.

If you have any questions, please contact your Payroll Specialist.