

**CAMDEN CITY PUBLIC SCHOOLS
REQUEST TO CANCEL VACATION OR PERSONAL DAY**

PLEASE READ:

Complete this form when requesting to cancel your Vacation Day, Personal Day and Jury Duty.

Name: _____

Employee ID# _____

School/Dept. _____

Position: _____

- Vacation
- Personal Day
- Jury Duty

DATE(s): _____

NUMBER OF DAYS _____

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

Human Resources Approved by: _____

Human Resources Input by: _____

Cc: Employee
File