

**CALIFORNIA INSTITUTION FOR MEN
 STAND-BY VACATION CANCELLATION REQUEST FORM
 (Use separate form for each month)**

NAME: _____ PPAS ID #: _____ RANK: LT _____ SGT _____ C/O _____
 (Print Last, FI. MI.)

HR _____ PIE _____ VR _____ SLO _____ TRO _____ CRO _____

SIGNATURE: _____ TODAY'S DATE: _____

FACILITY: MSF RCC RCW RCE WATCH: 1ST 2ND 3RD

STAND-BY VACATION CANCELLATION REQUEST

I REQUEST THAT THE FOLLOWING SCHEDULED VACATION(S) BE CANCELLED:

I REQUEST I BE REMOVED FROM THE STAND-BY LIST FOR THE VACATION PERIODS.

MONTH _____ YEAR _____

MONDAY _____ THRU SUNDAY _____

MONDAY _____ THRU SUNDAY _____

MONDAY _____ THRU SUNDAY _____

MONDAY _____ THRU SUNDAY _____

MONDAY _____ THRU SUNDAY _____

FOR A TOTAL OF _____ WEEKS

STAND-BY VACATION CANCELLATION PROCESS

STAND-BY VACATION CANCELLATIONS MUST BE SUBMITTED NO LESS THAN 21 CALENDAR DAYS PRIOR TO THE START OF THE VACATION PERIOD.

STAFF MUST SUBMIT A CANCELLATION FORM TO CANCEL A VACATION OR REMOVE YOUR NAME FROM THE STAND-BY LIST. REQUESTS MADE OVER THE PHONE WILL NOT BE ACCEPTED.

CANCELLATION FORMS WILL ALSO BE ACCEPTED VIA FAX FOR STAFF THAT CANNOT REPORT IN PERSON (FAX# 909-606-7105).

STAFF THAT OBTAIN A STAND-BY VACATION AFTER THE CANCELLATION PERIOD WILL NOT BE CANCELLED.

STAFF MUST CANCEL THEIR STAND-BY VACATION REQUEST NO LESS THAN 21 CALENDAR DAYS PRIOR TO THE START OF THE VACATION PERIOD.

RECEIPT VERIFICATION STAMP