

KERN VALLEY STATE PRISON SUPERVISOR'S REQUEST FOR HOLIDAY TIME OFF

NAME: _____ PAY#: _____ SENIORITY#: _____

POST #: _____ DESCRIPTION: _____

WATCH: _____ RDO'S: _____

In submitting this request I acknowledge that I have, or shall accumulate, sufficient leave credit for the time off requested:

Employee Signature: _____

DATE(s) REQUESTED

First Choice: _____

Second Choice: _____

Third Choice: _____

Facility/Correctional Captain Approval: _____

If approved forward to the Correctional Captain for processing.

Correctional Captain
APPROVED/DENIED: _____

Post Coverage required: Yes ____ No ____

Comments/Reason for denial:
