

ANNUAL VACATION MODIFICATION FORM

This form must be completed for any modifications of your annual vacation.

SECTION I: Identification

Employee Name:

Employment group:



If you occupy different types of positions, please fill out a form for each of them and then have them signed by your immediate supervisor.

SECTION II: Vacation dates approved which you wish to add or modify

	FROM (yyyy-mm-dd)	TO (yyyy-mm-dd)	TOTAL
1.			
2.			
3.			
4.			
5.			
TOTAL			0,00

SECTION III: New vacation dates to be approved

	FROM (yyyy-mm-dd)	TO (yyyy-mm-dd)	TOTAL
1.			
2.			
3.			
4.			
5.			
TOTAL			0,00



Employee Signature

Date

SECTION IV: Immediate Supervisor's Approval

The employee's selection of vacation is accepted by the immediate supervisor.



Signature Immediate Supervisor

Date

Send a signed copy by the immediate supervisor to the following address :

absemces@csdulittoral.qc.ca