

ACCOUNTABLE TIME / VACATION REQUEST FORM

FACULTY: _____

Current Year: _____

Faculty Member: _____

Department: _____

I can be contacted during my Accountable time, if not in my office:

- By voicemail: _____
- By e-mail (include e-mail address): _____
- At my home telephone number: _____
- At my cell / other number: _____

I request approval of the following Accountable Time and Vacation dates:
VACATION:

(42 working / prorated days)

From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____
From: _____	To: _____

PROFESSIONAL DEVELOPMENT ACTIVITIES:

(21 working / prorated days – related to work at the College)

DATE	ACTIVITY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OTHER ACCOUNTABLE TIME:

DATE	ACTIVITY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

 Signature of Faculty Member

 Date

 Signature of Department Chair / Coordinator

 Date

 Signature of Dean / Director / Designate

 Date