

TCU
Mandatory Five Day Vacation Requirement
Compliance Verification

TCU ID#: _____ Biweekly _____ Monthly _____

Date: _____

Employee Name: (Print) _____

Department Number: _____ Department Name: _____

In compliance with TCU Vacation Policy No. 6.001, I have taken an extended period away from the office of no less than five consecutive working days for the fiscal year _____. During this time, I have had no contact with the University and its employees for work purposes through any means including email.

Mandatory Five Consecutive Working Days Taken:

Month/Days	Sick/Vacation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submitted by: _____ EXT. _____
Employee's signature

Approved by: _____ EXT. _____
Supervisor's signature

NOTE: Please send to Human Resources for confirmation of compliance. Retain a copy for your files.