



**Westchester County
Department of Correction
Annual/Holiday Change
Request**



This form is a **request** to change a scheduled vacation. **It is NOT effective until approved and signed by all required personnel.** Once the request is approved, it cannot be rescinded or changed except pursuant to submission and approval of another form. Requests must be submitted with enough lead time for the approval process to be completed. **THE REASON FOR CHANGE SECTION OF THIS FORM MUST BE COMPLETED.**

NAME (Print): _____ SHIELD #: _____

DIVISION: _____ SHIFT: _____ SQUAD: _____

DATE SUBMITTED: _____

I **request** the following change in my scheduled Annual/Holiday:

Cancel dates: _____

Reschedule dates: _____

Reason for Change: _____

Requesting Officer's Signature: _____

Approved ☐ Denied ☐

Shift Commander

Date

Approved ☐ Denied ☐

Administrative Captain

Date

Approved ☐ Denied ☐

Division Head

Date

Approved ☐ Denied ☐

Deputy Commissioner

Date

REASON FOR DENIAL: _____