



**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**It is NOT effective until approved and signed by all required personnel.** Once the request is approved, it cannot be rescinded or changed except pursuant to submission and approval of another form.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: \_\_\_\_\_