



Vacation Request Form

Today's Date: _____

Coach's Name: _____

Time Off Requested: Beginning Date _____ End Date _____

Group _____

Practice Time _____ Location _____

Swim Meet(s) (If Applicable) _____

Swim Meet Date(s) _____

Swim Meet Location _____

Substitute Coach* _____

Signature of Substitute Coach** _____

*Coach agrees to pay Substitute Coach for all related practice and/or swim meet hours worked in coach's absence within one week of return.

**Substitute Coach acknowledges and accepts duties and responsibilities for days/times indicated above.

Employee (Coach) Signature: _____

Paseo Aquatics Admin Only

Date of Approval: _____

Approved and Signed by (one of the following required):

Chris Dahowski
Co-Owner; Head Swim Coach

Jay Wolf
Co-Owner; President

Daiki Sato
Head Age Group Coach

Please email completed form to admin@paseoaquatics.org
All Vacation Forms must be submitted at least 60 DAYS prior to requested time off.