Financial Aid & Scholarships

Vacation/Travel Signature Form

Legal Name:_____ BYUH ID: _____
Last First

Email Address:_____ Telephone: _____

Please, provide the applicable required signatures below.

_____
Signature by Housing Operations representative

_____
Signature by Student Medical Benefit (SMB) representative

For PCC or BYUH Employer (Please check one of the following)

When the student returns from the travel dates above, will the student job be intact or not intact? (Check one of the boxes below)

☐ **Job intact** ☐ **Job NOT intact**

_____	_____	_____
Supervisor's Name (Print)	**Supervisor's Signature (if applicable)**	**Date**

PCC HR Signature:_____ **Date:** _____

I, _____, certify that the information on this form and all attached documentation is true and complete to the best of my knowledge.

Signature: _____ **Date:** _____