

REQUEST FORM FOR VACATION LEAVE

ADMINISTRATIVE APPROVAL SECTION:

Prior Days Used _____

Principal's Signature: _____ Date _____

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Approved: _____ Not Approved: _____

Superintendent's Signature: _____ Date _____

EMPLOYEE SECTION: *Fill out BOTH portions of this section.*

- * Leave must be requested FIVE days prior to leave date.*
- * VACATION leave will not be granted as an extension of a scheduled holiday on the school calendar.*
- * Bottom half of this section will be returned to employee after Superintendent's approval.*

Today's Date: _____

Person Requesting VACATION Leave: _____

Date(s) of Requested Leave: _____ to _____ # of Days _____

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Person Requesting VACATION Leave: _____

Date(s) of Requested Leave: _____ to _____ # of Days _____

Days Remaining After This Leave is Taken _____