



REQUEST FOR VACATION LEAVE

Name: _____ School/Campus: _____

Date of Filing Request: _____

Dates Requested: _____

REQUEST FOR VACATION LEAVE:

Requests for vacation leave must be made in writing to the superintendent at least five (5) days in advance.

Approval will be based on district needs and superintendent approval. Employees should not assume days requested will automatically be granted.

Number of vacation days scheduled, but not yet taken (not including this request): _____

Staff Member's Signature

Approved _____ Disapproved _____

Building Administrator/Supervisor Signature

Approved _____ Disapproved _____

Superintendent's Signature

Number of Vacation Days remaining following this request: _____