

REQUEST FOR VACATION DAY

(1) Name (please print or type): _____

(2) Date(s) for which vacation leave is requested: _____

Employee's Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____

Forward signed original to District Office. Superintendent's approval is required for all vacation day requests.

Approved Not Approved Signature: _____ Date: _____
(Superintendent)

Nov. 2001

REQUEST FOR VACATION DAY

(1) Name (please print or type): _____

(2) Date(s) for which vacation leave is requested: _____

Employee's Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____

Forward signed original to District Office. Superintendent's approval is required for all vacation day requests.

Approved Not Approved Signature: _____ Date: _____
(Superintendent)

Nov. 2001