

VACATION REQUEST

EMPLOYEE: _____ Dept: _____

I am requesting the use of Vacation time for the following days:

(Check One)

Dates	Full Day	½ Day

Employee Signature _____ Date _____

*Requests for vacation time should be submitted at least one week in advance.
 Vacation time cannot be taken by the hour.

APPROVAL: _____	
Immediate Supervisor	Date
Assistant Superintendent	Date
District Superintendent	Date