

VACATION REQUEST
FORM FOR
12-MONTH EMPLOYEES

This notice should be submitted to immediate supervisor at least two (2) weeks
Prior to the requested day(s), unless there is an extenuating circumstance.

Name _____

Position _____

Building _____

Phone W) _____

H) _____

DATE(S) REQUESTED:

Total Number Days Requested _____

Signature of Employee Requesting Vacation

Date

Superintendent's/Supervisor's Approval

Date