

REQUEST FOR VACATION

This form must be submitted for approval at least five days in advance of the date(s) of absence except in case of an emergency.

Name of Employee: _____

School / District Office: _____

Date(s) Requested to be Absent: _____

Employee Signature Date

_____ Recommended _____ Not Recommended

Signature of Principal or Supervisor

Date

Comment: _____

Your request is: _____ Approved _____ Denied

Signature of Superintendent

Date

The employee must have the recommendation for approval from the principal or supervisor prior to the superintendent's consideration of the request for vacation leave. The employee may appeal the principal's decision not to recommend in writing to the superintendent, after which the superintendent will decide and notify the employee as soon as possible.

Attach this completed/approved form to the Report of Absence Form and submit to the District Office.