



VACATION REQUEST FORM
20__-20__SCHOOL YEAR

DATE: _____

TO: Superintendent of Schools

FROM: _____

Name

(Your Signature)

Title

Location

DAYS REQUESTED (It is preferred that ten (10) vacation days be taken between July 1 and August _____. All allotted vacation days must be scheduled.)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY:

(Immediate Supervisor)

Date

(Assistant Superintendent/School Business Administrator/Chief of Operations)

Date

Created: June 5, 2014
First Reading: June 23, 2014
Second Reading: July 30, 2014
Adopted: July 30, 2014
First Reading: November 3, 2016
Second Reading: November 21, 2016
Readopted: November 21, 2016