



**VACATION CHANGE REQUEST
FORM
20__-20__ SCHOOL
YEAR**

DATE: _____

TO: Superintendent of Schools

FROM: _____
Name (Your Signature)

Title

Location

DAY(S) REQUESTED TO BE CHANGED (All allotted vacation days must be scheduled.)

FROM: _____ TO: _____

RATIONALE: _____

APPROVED BY:

(Immediate Supervisor) Date

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

Xc: Human Resources

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