



VACATION REQUEST FORM

This form is used to request vacation time off from work or to cancel vacation dates that have been previously approved. Submit a copy of this form to your immediate supervisor for approval. A final signed copy of the document will be returned to you when approved.

Print Name: _____

Department: _____ Central Office _____ Maintenance _____ Custodian _____ Administrator

Vacation Dates requested to be taken this fiscal year:

Beginning Date	Ending Date	Return Date	Number of Days

Vacation Dates to be cancelled due to change of plans: _____

Applicant Signature

Date

Immediate Supervisor Signature

Date

Human Resources Signature

Date

Once approved, this will be scanned back to the employee, supervisor, and payroll.