Vacation Request Form

Employee Name	Date
Department/School & Position	
Please schedule my vacation for the following dates:	
1 st Choice:	
2 nd Choice:	
3 rd Choice:	
Special circumstance the supervisor should be aware of:	
Sub Needed: Yes or No	
Employee Signature	Date
Recommend Not Recommend	Date
Supervisor/Principal Signature	
Approved Not Approved	Date
Superintendent Signature	

Except in the case of an emergency or extenuating circumstances requests must be given to your supervisor, or in his absence, to his designee, at least 48 hours in advance.

^{*} Vacation time is referenced in Article (XIII,II) in the contract.