

# Vacation Request Form

Date: \_\_\_ / \_\_\_ / \_\_\_

Employee's Name: \_\_\_\_\_

Department / Title: \_\_\_\_\_

***Vacation Days must be tracked the same as Sick/Personal Days. Vacation Days will be tracked in the Central Office. Please complete this form and return to your supervisor for approval. Supervisor will submit Vacation Request to the Central Office.***

Vacation Dates Requested (Single Days): \_\_\_\_\_

Vacation Dates Requested (Week): \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_

Vacation Dates Requested (Week): \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_

Total Number of Days Requested: \_\_\_ Days

Number of Days Available: 10 Days

\_\_\_\_\_  
Signature of Employee

Date \_\_\_\_\_

**Approval:**

\_\_\_\_\_  
Signature of Principal or Director

Date \_\_\_\_\_

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***ALL changes in Vacation Days must be submitted to the Central Office***  
***THIS SECTION FOR CHANGES ONLY***

Original Vacation Dates Requested: \_\_\_\_\_

Vacation Dates Change to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

Date \_\_\_\_\_