

UNIFIED SCHOOL DISTRICT No. 365

VACATION REQUEST

Name of Employee

Title, Building, or Assignment

Employee Signature

VACATION LEAVE REQUEST

(Prior approval required.)

(Leave shall be requested at least one month prior to leave dates.)

| No. (Days) | Dates | Day's Remaining |
|---------------|-------|-----------------|
| | | |
| | | |
| | | |
| | | |

Explanation (reason) for above absence (if applicable)

NOTE: For 12 month classified employees; the superintendent will have final authority on vacation leave.

THIS ABSENCE APPROVED

DISAPPROVED

Supervisor Signature

THIS ABSENCE APPROVED

DISAPPROVED

Date

Superintendent Signature

Explanation: