

**Vacation Leave Request
12-Month Employees**

Employee Name (Please print)

School/DO

I submit the following day(s)/date(s) for:

Date(s)

Employee Signature _____ Date

Supervisor's Signature _____ Date

Form needs to be turned in to Supervisor **prior** to leave being taken. After Supervisor has signed, the form is to be turned in to the Business Office at the School District.

Exceptions to the leave policy are to be referred to the Superintendent.