

UNPAID VACATION REQUEST APPLICATION

NAME _____ DATE _____

I REQUEST _____ ON _____
(# OF DAYS)
FROM MY JOB FOR A VACATION WITHOUT PAY.

PLEASE EXPLAIN CIRCUMSTANCES

I REALIZE THAT THIS MAY CAUSE A HARDSHIP IN GETTING SOMEONE TO REPLACE ME ESPECIALLY IF IT IS FOR A LONGER PERIOD OF TIME IN WHICH CASE THIS REQUEST MAY NOT BE GRANTED.

EMPLOYEE SIGNATURE _____

To be completed by principal or lunchroom supervisor/transportation supervisor.

- I recommend that this vacation without pay request be granted.
- I am not sure that this request meets the requirements of board policy.

Signature of principal and

Signature of supervisor (non-certificated employees)

TO BE COMPLETED BY THE SUPERINTENDENT.

- Your vacation without pay has been granted.
- Your vacation without pay has been denied.

Remarks:

Superintendent

Upon final disposition, employee will receive one copy, the supervisor will receive one copy, and one copy will be kept by the central office for record keeping.