

---

**CENTRAL OFFICE CERTIFICATED/CLASSIFIED  
VACATION REQUEST FORM**

---

---

Name or Employee \_\_\_\_\_

Date Submitted \_\_\_\_\_

Dates Requested \_\_\_\_\_

(48 hour notice requested)

---

PLEASE FILL OUT AN ABSENCE FORM WITHIN 24 HOURS OF YOUR RETURN

Total days earned to date \_\_\_\_\_

Total days requested \_\_\_\_\_

Balance \_\_\_\_\_

\_\_\_\_\_  
Approval of Immediate Supervisor

\_\_\_\_\_  
(Date copy was sent to Supt. – 48 hour notice please)

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date