

NAME: _____

SCHOOL: _____

DATE: _____

**VACATION DAY/PERSONAL DAY REQUEST FORM
for
ADMINISTRATIVE STAFF**

☐

Vacation Day(s)

☐

Personal Day(s)

Signature

Date

Supervisor's Signature

Date

ACTION:

☐

Approved

☐

Not Approved

Superintendent

Please submit to Dr. Stein's office for approval.

Vacation days remaining: _____