

# WASHINGTON UNIFIED SCHOOL DISTRICT

## MANAGEMENT VACATION REQUEST

Name \_\_\_\_\_ Date \_\_\_\_\_

I request the following inclusive vacation dates:

Month	Date(s)	Total # of Days

Person designated to service in your place during this absence: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Approved

Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Note to the Supervisor: Upon approval/denial, please send the original to Personnel, retain one copy and provide the employee with a copy.**

**For persons on custom calendars:**

**Attach a copy of the latest approved version of your calendar for the current year.**