

WASHINGTON UNIFIED SCHOOL DISTRICT

"Where everybody is somebody"

CLASSIFIED VACATION REQUEST

Name _____ Date _____

Job Title _____ Work Location _____ # of Hours Worked _____

I request the following inclusive vacation dates: (Please list normal working days only; exclude Saturdays, Sundays and all holidays listed on the current Classified Calendar.)

| Month | Date(s) | Total # of Hours |
|-------|---------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Employee's Signature

Date

Approved

Denied

Comments: _____

Supervisor's Signature

Date

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