WASHINGTON UNIFIED SCHOOL DISTRICT

CONFIDENTIAL 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.

<u>For persons on custom calendars:</u>

Revised: 1/23/08

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