

REQUEST FOR VACATION LEAVE (CLASSIFIED EMPLOYEES ONLY)

Full Name	Position/Site
Date(s) Requested	Total # of Days
Employee's Signature	Today's Date
Note: Request for vacation leave does not automatically grant the leave. This form must first be approved by your Principal and/or Supervisor, then by the Payroll Department and, finally, by the Human Resources Department.	
This form does not serve as an absence report. Please complete an absence report in the usual manner and forward it to the Payroll Department.	
TO BE COMPLETED BY THE PRINCIPAL AND/OR SUPERVISOR	
This request for vacation leave is: ☐ Approved	□ Denied
If denied, reason:	
Principal's Signature	Date
Supervisor's Signature	Date
Upon completion by Principal and/or Supervisor, send the original to the District Office Payroll Department, keeping one copy at the site.	
TO BE COMPLETED BY THE PAYROLL DEPARTMENT	
Accrued vacation hours representing days. Last vacation date recorded:	
Additional hours, representing days to be accrued through June	
Authorized Signature	Date
REPORT OF FINAL ACTION	
This request for vacation leave is: \Box Approved	☐ Denied
If denied, reason:	
Signature	Date

Upon completion of Final Action, a copy of this request form will be returned to the employee. The original will be on file in the Human. Resources Department. If you cancel your vacation, please write "CANCEL" across this form, date, sign and send to Human Resources immediately.