DOLORES SCHOOL DISTRICT RE-4A

VACATION REQUEST

LAST NAME _____ FIRST NAME _____

DEPARTMENT _____

FROM DATE _____ TO DATE _____

NUMBER OF DAYS VACATION _____

REASON _____

APPROVED   YES _____ NO _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNATURE _____ DATE _____

SUPERINTENDENT SIGNATURE _____ DATE _____

PAYROLL INFORMATION _____