

# RIM OF THE WORLD UNIFIED SCHOOL DISTRICT CLASSIFIED VACATION REQUEST FORM

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Social Security # (last 4) \_\_\_\_\_

## Vacation request dates are as follows:

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Return To Work \_\_\_\_\_

Totaling: \_\_\_\_\_ Hours \_\_\_\_\_ Days

.....  
\*Vacation carryover request: Hours \_\_\_\_\_ To School Year \_\_\_\_\_  
.....

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

Personnel Services Approval: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* Must be requested in advance \*\*\***