



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

VACATION REQUEST FORM

TO: _____

FROM: _____

EMPLOYEE ID#: _____

DATE: _____

For approval of vacation, all requests will be file with the bargain unit member's immediate supervisor and subject to approval.

Specify below the number of days your will be taking and the beginning and ending date of your vacation.

I am going to use _____ vacation days.

I am requesting the dates from _____ to _____.

I will return to work on _____

I certify that this is executed by me voluntarily and of my own free will.

Employee's Signature

Date

Supervisor's Signature

Date

Director, Human Resources Department

Date

Approved Denied