



JOHNSON COUNTY SCHOOLS EMPLOYEE VACATION FORM

Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

*I. Fill in the appropriate information:*

Vacation Leave: Please deduct \_\_\_\_\_ day(s) for the following dates: \_\_\_\_\_

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**II.** If Applicable please pay the following substitute for \_\_\_\_\_ days.

\_\_\_\_\_

(Name)

\*\*\*\*\*

**III.** I certify that the above statements are true.

Employee: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Principal/Supervisor: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)