

The School District of Edgefield County
Post Office Box 608, Edgefield, South Carolina 29824

Vacation Request and Approval

Note: This form should also be used to request personal leave time.

Date: _____

Employee Name: _____

I would like to request vacation / personal leave (circle one) time as follows:

From _____ To _____

Total number of vacation / personal leave days requested: _____

This form must be completed and submitted to your Supervisor at least two (2) weeks before requested vacation time.

Employee Signature: _____

To be completed by Supervisor

_____ Approved _____ Disapproved

Reason: _____

Supervisor's Signature _____

Date _____

Supervisor to return one copy to employee after approval or disapproval.