

Scappoose School District 1J

**VACATION LEAVE REQUEST-CONFIDENTIAL AND CLASSIFIED ONLY**

*Please email this form to your supervisor with **at least a 48 hours notice**. It is a fillable PDF\*. Thank you!*

\* You will need the free version of Adobe Reader DC to view and fill in PDFs.

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Name: \_\_\_\_\_ Job Assignment: \_\_\_\_\_

Building: \_\_\_\_\_ Your role: \_\_ Confidential    Classified

Date(s) requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Once approved, please enter your absences in Frontline-AESOP.*

If an emergency, please describe circumstances in detail: \_\_\_\_\_

\_\_\_\_\_  
(Note: If needed, additional information may be requested from you)

\_\_\_\_\_  
Employee Signature

\_\_\_\_ Approved:    \_\_\_\_ Disapproved

Signature:

\_\_\_\_\_  
Supervisor

Reason if disapproved: \_\_\_\_\_

Received:

Date

*A copy of the signed form will be emailed to you after processing.*