

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.

Name: _____ Your role: ☐ Confidential ☐ Classified

Building: _____

Date(s) requested: _____

If less than a full day, list HRS: _____

If less than a full day, list HRS: _____

If less than a full day, list HRS: _____

If less than a full day, list HRS: _____

If less than a full day, list HRS: _____

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.