

Woodridge Local School District

VACATION REQUEST FORM (must be submitted prior to vacation)

Name _____ Bldg. _____

Number of Vacation Days Requested _____

Date(s) Requested _____

Employee's Signature

Date

Supervisor's Signature

Date

Approved _____

NOT APPROVED _____

Reason: _____

Superintendent

Date

Office Use Only	
▪ Vacation days carried over – prior year	_____
▪ Vacation days earned this year	_____
▪ Vacation days taken this year prior to this request	_____
BALANCE AVAILABLE	_____