

# 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 \_\_\_\_\_