WILLIAMSON CENTRAL SCHOOL
REQUEST FOR VACATION DAY(S)

12 Month Personnel

(Submit Five (5) Days in Advance When Possible)

I hereby request Vacation Day(s) on:

Alternate Date: ________________________________

Signature of Applicant: ________________________ Date: ________

Approved by: ________________________________ Date: ________

Immediate Supervisor: __________________________

Final Approval By: ______________________________ Date: ________

Superintendent: ______________________________

-------------------------------------------------------------------------------------------------------------------

TO: __________________________________ Date: __________

Your request for Vacation Day(s) on ______________________________ has been (approved) (denied).

WILLIAMSON CENTRAL SCHOOL

Superintendent ______________________________

(This part to be returned to applicant)