

Pre-Approval for Vacation Leave

This form must be used by employees whose contract or working agreement specifies entitlement to vacation leave days **in order** to request vacation leave days. Except in cases of emergency or unavoidable situations, requests **MUST** be submitted to the Building Principal or Immediate Supervisor **TWO** weeks in advance of the requested date. Pre-approval must also be signed by Building Principal or employee's supervisor before being submitted to the Superintendent.

This form is not needed to give notice concerning sick or funeral days. When needing to use sick days, all employees are required to give electronic/verbal notice to the immediate supervisor in order to allow for proper arrangements for a substitute.

Full time twelve-month employees shall be eligible for paid vacation time based on the number of years of service in the District.

- After 1 year – 10 Days
- After 5 years – 15 Days

Vacation days must be scheduled with the approval of the administration. Failure to use the time during the year granted shall result in the forfeiture of those days.

Name: _____ Date: _____

Number of Vacation Days : _____ Date(s): _____

Substitute Necessary: _____ Yes _____ No / _____ Full Day _____ Half Day

Substitute's Name: _____

Principal's Recommendation & Signature: _____ Date: _____

_____ Approved w/Compensation _____ Approved w/out Compensation _____ **Not Approved**

Reason for Denial: _____

Superintendent's Recommendation & Signature: _____ Date: _____

_____ Approved _____ **Not Approved**

Reason for Denial: _____