

VACATION REQUEST FORM

Complete this form in full and submit to: Director of Facilities

Room 532

Name	
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Classification	
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School	
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I am requesting the following vacation days	
Starting Date:	Month Day Year
Ending Date:	Month Day Year
Returning Date:	Month Day Year
Number of vacation days used on this request:	

Will the building be covered by: Custodian name: _____

Assistant Custodian name: _____

During the dates of this request? Yes No

Comments:	

Signature:	
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Approved by:

Custodian			
	Signature	Date	Yes No

Facilities			
	Signature	Date	Yes No