

# CUSTODIAL VACATION REQUEST FORM

Complete this form in full and submit to your immediate supervisor.

Original Request

Change to Original Request

All changes must be **WRITTEN** in **RED**

Name	
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Classification	
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Building	
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I am requesting the following number of vacation days:	
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Starting Date:			
	Month	Day	Year

Ending Date:			
	Month	Day	Year

Returning Date:			
	Month	Day	Year

Number of vacation days used on this request, inclusive:	
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Will the building be covered during the dates of this request?      Yes      No

Custodian Name: \_\_\_\_\_

Assistant Custodian Name: \_\_\_\_\_

Comments:	

\_\_\_\_\_  
Signature Date Submitted

\_\_\_\_\_  
Custodian's Signature Date

Approved      Denied

\_\_\_\_\_  
Facilities Manager's Signature Date

Approved      Denied

*The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America.*