

**12 MONTH ADMINISTRATOR REQUEST
FOR VACATION**

Name _____ Present Date _____

Assignment _____ Building _____

Dates(s) Requested for Days off _____

Restricted Dates of Vacation: Vacation may not be approved during:

first week of work,
fall workshop,
the first 5 days of school for students,
two days before or two days after a holiday or break period,
during parent/teacher conferences,
during the last 5 days of school for students and
the last day of work for teachers

Signature

Immediate Supervisor

If approved, the person making the request is responsible for entering, in SubFinder, the day to be taken off. **Please enter on or before the date(s) in question.**