

LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

REQUEST FOR VACATION

REQUEST NO. _____

NAME _____

VACATION DAYS _____

I am requesting the following vacation time:

<u>Month</u>	<u>Starting Date</u>	<u>Ending Date</u>	<u>Total</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL _____

DAYS REMAINING _____

Signature

Date

Please indicate what projects, if any, you are currently working on that would need attention during your absence.

Immediate Supervisor's Approval

Director's Approval

Date

Date