



Administration Center / 956 Moxahala Avenue

ZANESVILLE CITY SCHOOLS

REQUEST FOR VACATION DAYS / 12-MONTH EMPLOYEE

EMPLOYEE NAME: _____ DATE SUBMITTED: _____

BUILDING ASSIGNMENT: _____

I request the following days approved as vacation days. (Please allow two [2] weeks advance notice for requests / emergency situations determined at discretion of Superintendent of Schools)

| | | | | |
|-------------|-----------------------------------|------------------------------------|-------------------------------|-------------------------------|
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |
| DATE: _____ | <input type="checkbox"/> FULL DAY | <input type="checkbox"/> HALF DAY: | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. |

CHECK ALL APPROPRIATE BOXES ABOVE

EMPLOYEE SIGNATURE: _____ DATE: _____

APPROVED: _____ DISAPPROVED: _____

BY: _____ DATE: _____

SUPERINTENDENT AND/OR DESIGNEE

IF DISAPPROVED, STATE REASONS ON REVERSE SIDE OF THIS FORM