

Wheatland School District

Vacation Request Form

Name _____ Date: _____

Number of Vacation Days Requested: _____

Dates Requested: _____

*Optional Dates: _____

**Optional Dates will only apply if dates requested are not available due to prior requests from other employees.*

Reason for vacation request: *(complete only if extraordinary circumstance)*

Employee Signature: _____

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To be completed by H.R.:

# of vacation hours to needed to cover the request \_\_\_\_\_

# of vacation hours accrued by employee to date \_\_\_\_\_

*If # of hours requested exceed # of hours accrued, the superintendent will only approve prior useage for extraordinary circumstances.*

Approved

Denied

\_\_\_\_\_  
Site Administrator/Superintendent

\_\_\_\_\_  
Date

Distribution:  
Human Resource for vacation hours verification  
Site Administrator/Superintendent for approval  
Human Resource to file  
Copy to Employee