

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

**VACATION DAY/PERSONAL DAY REQUEST FORM**  
**for**  
**ADMINISTRATIVE STAFF**

Vacation Day(s)

Personal Day(s)

---

---

---

---

---

---

---

\_\_\_\_\_  
Signature

<b>ACTION:</b> <input type="radio"/> Approved <input type="radio"/> Not Approved
_____ Superintendent

*Please submit to Dr. Burton's office for approval*