



# Jackson City Schools

## VACATION/PERSONAL LEAVE Request Form

NAME: \_\_\_\_\_ BUILDING: \_\_\_\_\_ DATE \_\_\_\_\_

### *VACATION LEAVE Requested*

DATE(s) of REQUESTED LEAVE \_\_\_\_\_  
 TOTALS: Full Day(s) \_\_\_\_\_ 1/2 Day (am) \_\_\_\_\_ 1/2 Day (pm) \_\_\_\_\_

Substitute needed? YES \_\_\_\_\_ NO \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

(Asst.) Superintendent \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### *PERSONAL LEAVE Requested*

DATE(s) of REQUESTED LEAVE \_\_\_\_\_  
 TOTALS: Full Day \_\_\_\_\_ 1/2 Day (am) \_\_\_\_\_ 1/2 Day (pm) \_\_\_\_\_

Substitute needed? YES \_\_\_\_\_ NO \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

(Asst.) Superintendent \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### *Staff Member Signature*

Teacher/Staff requesting leave \_\_\_\_\_ Date \_\_\_\_\_