

Lawrence County Educational Service Center

VACATION REQUEST FORM

Request for the use of vacation must be approved by the Superintendent and filed with the Treasurer. *Please note: When school is in session vacation requests are only granted under extenuating circumstances.*

Name: _____

Date: _____

I request vacation leave from _____ to _____.
(beginning day/date) (ending day/date)

I will return to work on _____.

School is/is not in session.
(circle one)

Number of vacation days requested: _____

Approved by: _____

Date: _____