

Bay City Public Schools Supervisor's Association

Vacation Request Form

Vacation Request Form

(Please Print)

Name: _____

Building: _____

Today's Date _____

Vacation days earned 2003-2004
School Year: _____

Delete Previously Requested Vacation
Days: _____

VACATION BEING REQUESTED

2003:

JULY _____

AUG. _____

SEPT. _____

OCT. _____

NOV. _____

DEC. _____

2004:

JAN. _____

FEB. _____

MARCH _____

APRIL _____

MAY _____

JUNE _____

Employee's Signature

Immediate Supervisor's Signature

Building Administrator

Director Non-Certified Personnel Signature

OFFICE USE ONLY

Unscheduled Vacation Days: _____

Date Received: