

PELHAM CITY SCHOOLS
PELHAM, GA 31779

VACATION LEAVE REQUEST FORM

SUBMIT TO PRINCIPAL OR SUPERVISOR

INSTRUCTIONS

1. Print or type in duplicate
2. Submit at least 10 days in advance.
3. Copy of request will be returned to you after reviewed.

NAME _____ SCHOOL _____

I request permission for _____ days of VACATION LEAVE.

Date(s): _____

REASON: (Optional) _____

Employee Signature: _____ Date: _____

APPROVED BY:

PRINCIPAL / SUPERVISOR

DATE

FOR CENTRAL OFFICE USE

Cumulative number of Vacation
leave _____ Since 7/1/_____.

Date

NOTE TO PRINCIPAL/SUPERVISOR

Submit with end of the month leave report.