

**CLIO AREA SCHOOLS  
VACATION REQUEST FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Vacation dates requested \_\_\_\_\_

Number of vacations days earned \_\_\_\_\_ From year \_\_\_\_\_

Number of days used previously \_\_\_\_\_

Number of vacations days this report \_\_\_\_\_

Balance \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature

Revised 6/14/07