

## WEST BRANCH SCHOOL DISTRICT 516 ALLPORT CUTOFF MORRISDALE, PA 16858

## **VACATION REQUEST**

Name:		Date of Request:
The following date (s) are requested for vacati	ion leave: (mor	nth / day / year):
<del></del>		<del></del>
<del></del>		<del></del>
I understand that vacation must be tak requests must be approved in writing by		ay or whole-day blocks of time and that ess Manager in advance of the leave.
Signature of Requestor	Date	_
		To be completed by immediate supervisor: Will substitute coverage be needed?
Signature of Principal or Supervisor	Date	YesNo
Signature of Business Manager	Date	If YES, name of sub:  ———————————————————————————————————
Signature of Superintendent	Date	_

Revised 06/12/2013 KNW

If possible, please fill out on salmon colored paper