

Orange Unified School District Maintenance/Operations

☐ **Vacation Request** ☐ **Personal Necessity (PN)**

Employee Name: _____

Number of Days Earned: _____

Request for Approval _____ day(s) of vacation on the following dates:

From: _____ thru _____

I will return to work on: _____

Employee signature

Date

Extra time above and beyond allotted time earned must be requested in writing and subject to the approval of the immediate supervisor.

Senior Coordinator's signature

Date

Senior coordinator's signature is for **scheduling purposes only** and not for approval or disapproval of vacation time.

Supervisor's signature

Date

Approved

Denied

Director's signature

Date

Approved

Denied