ORANGE UNIFIED SCHOOL DISTRICT

Operations Department VACATION REQUEST

Employee	ID#	
Work Location(s)		
Number of Days Earned		
Request approval for	_ day(s) of vacation on the followin	g date(s):
From:	To:	
I will return to work on (Date and	Day of Week)	
	Employee Signature	Date
Approved Disapproved	Site Administrator	Date
Approved Disapproved	Site Administrator	Date
FILI	L OUT TOP PORTION ONLY	
Your vacation has been	approved on the following dates:	
	(Total Vacation is approved by Operations Departmen	
be returned to you. If any changes	en confirmed by the Operations Depositions of the confirmed by the Operations Deposition request to the Operations Deposition request to the Operations Depositions Deposition	r Supervisor
	Custodial Supervisor	