

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

REQUEST FOR VACATION LEAVE

Name: _____

Date of Application: _____

Except in case of an emergency, Vacation Leave requests shall be received by your Supervisor at least five (5) work days prior to the leave date.

Position: _____

Assignment (on day(s) of leave): _____

I request Vacation Leave to be taken on the following day(s):

Please indicate: _____ Full day _____ AM _____ PM

Employee Signature: _____

Administrator **Approved** **Denied** **Date**

Approved **Denied**

Superintendent **Date**