

HOMESTEAD SENIOR HIGH SCHOOL **VACATION REQUEST**

DATE OF REQUEST _____

EMPLOYEE NAME _____

EMPLOYEE NUMBER _____

DATE(S) FROM _____ TO _____

TOTAL NUMBER OF DAYS _____

SUPERVISOR SIGNATURE _____

PRINCIPAL SIGNATURE _____

___ APPROVED ___ NOT APPROVED

**THIS FORM MUST BE RECEIVED BY THE APPROPRIATE SUPERVISOR AT
LEAST TWO WEEKS PRIOR TO THE ABSENCE.**