



LAKESIDE SCHOOL DISTRICT

VACATION REQUEST FORM

In compliance with the Lakeside School District Vacation Policy (on back of this form), 240 and 260 day contracted employees are credited with 10 days of vacation at the beginning of each fiscal year. All vacation time must be approved by the superintendent, or his designee, who shall consider the staffing needs of the district in making his/her determination. Time taken off during the denied vacation request may result in disciplinary action taken against the employee, which may include termination or nonrenewal.

Employee: _____
(LAST) (FIRST) (MI)

Department: _____

Number of days requested: _____

Vacation Start Date: _____

Vacation End Date: _____

Employee Signature

Date Requested

The above request is:

APPROVED

NOT APPROVED

Supervisor

Date

APPROVED

NOT APPROVED

Superintendent or Designee

Date