Wild Rose Public Schools

Support Staff Vacation Request
(CAAMSE, IUOE, Exempt positions)

Date:

Employee Name:

Location:

☐ **CAAMSE** ☐ **IUOE** ☐ **Exempt**

I hereby request vacation leave for the following period from

day month year

up to and including

day month year

for a period of working day(s).

_____
Employee Signature

_____ _____
Supervisor Signature Date approved by Supervisor

Note: This completed form must be filed with the Payroll Department prior to vacation leave.