

**NEW HAVEN UNIFIED SCHOOL DISTRICT
CLASSIFIED VACATION REQUEST FORM**

DATE: _____

TO: _____
Supervisor

FROM: _____
Employee

I would like to take my vacation on the following dates:

FROM:	TO:	TOTAL DAYS:
FROM:	TO:	TOTAL DAYS:
FROM:	TO:	TOTAL DAYS:

Employee Signature: _____

APPROVED: DATE APPROVED: _____

DENIED: DATE DENIED: _____

Supervisor Signature: _____

REQUEST DENIED FOR THE FOLLOWING REASON/S:

Copy 1: Supervisor

Copy 2: Employee: