Date Entered	Ву
For Central Offi	ce Use Only

Maury County Public Schools Columbia, TN 38401

VACATION REQUEST

I would like to take the following vacation days:

Dates: ______ _____

I will return to work on

Signature:

School:

*Please turn in a "Request for Payment of Substitute Teachers" form to your superordinate reporting number of vacation days used, etc. when you return. The form should remain in tact inclusive of the pink copy, which will be returned to you signed by your superordinate. You may retain the goldenrod copy for you records.

RETURN TO: Appropriate Superordinate

A copy will be returned to the employee.

Date Received:			
Action Taken:			
Approved		Not Approved	
Reason:			
	Signature:		
	<u> </u>	Superordinate	
		Date	