

Maple Heights City Schools

Office of the Superintendent of Schools

TIME OFF FROM DUTY / VACATION REQUEST

This form is to be submitted to the Superintendent prior to the time taken.

FOR OFFICE USE
Days Accrued _____
Days Requested _____
Days Remaining _____
Dated _____

Name of person requesting leave

This is to inform you that I will be absent from duty on _____

_____ through _____, 2_____

for the reason indicated below:

() VACATION

Date: _____ Signature: _____

APPROVED:

Date: _____ Signature: _____

Copies: File & Employee