VACATION SCHEDULE

NAME: _____ DEPARTMENT: _____

DATE SUBMITTED: _____

DATES REQUESTED FOR VACATIONS IN ORDER OF PRIORITY:

A. _____

B. _____

C. _____

SUPERINTENDENT'S APPROVAL: _____

VACATION SCHEDULE

NAME: _____ DEPARTMENT: _____

DATE SUBMITTED: _____

DATES REQUESTED FOR VACATIONS IN ORDER OF PRIORITY:

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