



NEW COVENANT CHRISTIAN SCHOOL

Vacation Request Form

Please submit this form for approval at least 5 days in advance of your preferred vacation dates.

Date: _____ Employee Name: _____

Number of Vacation Days Available: ____ Total Number of Days Requested: ____

Vacation Dates Requested: ____/____/____ through ____/____/____

Date Employee Will Return to Work: ____/____/____

Signature of Employee

Date

FOR OFFICE USE ONLY

Request Approved

Request Denied

Supervisor Name

Supervisor Signature

Date

Sought approval of Director of Finance and Administration (if requested leave exceeds 5 consecutive work days)

Notes: _____

