

Mercedes Independent School District

Human Resource Department
206 West 6th Street – P.O. Box 419

Employee Vacation Request Form

Policy DED (LOCAL): The employee shall have worked one full year before becoming eligible for a vacation. Note: This is defined as September 1st through August 31st.

Employee Name: _____ Date: _____

Department: _____ Campus: _____

Social Security Number: _____ District Start Date: _____

I am requesting the following dates off:

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|------|-----|-----|-----|-----|-----|-----|-----|
| Date | | | | | | | |

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|------|-----|-----|-----|-----|-----|-----|-----|
| Date | | | | | | | |

Notes:

Employee Signature: _____ Date: _____

Campus Supervisor's Signature: _____ Date: _____

___ Approved

___ Not Approved

Director's Signature _____ Date: _____

___ Approved

___ Not Approved

Superintendent's Signature: _____ Date: _____

___ Approved

___ Not Approved

Notes:

Return form to MISD Human Resource Office.