WESTERN PLACER
UNIFIED SCHOOL DISTRICT

VACATION REQUEST FORM

Must be Submitted at Least 5 Days Prior to Leave
(Absence Form Must be Submitted Upon Return from Vacation)

NAME: _____

First Request _____ to _____ _____
Approved By

Second Request _____ to _____ _____
Approved By

Third Request _____ to _____ _____
Approved By

Fourth Request _____ to _____ _____
Approved By

Vacations must be scheduled and taken according to the WPUSD and CSEA Contract, Article IV: Employee Benefits, Section H: Vacation. Any adjustment in t he above schedule must be approved 10 days prior to taking such leave, otherwise, you will be scheduled for the above dates as authorized.

_____ _____
Classified Employee Signature Date

_____ _____
Site Supervisor Signature Date

_____ _____
Department Supervisor Signature Date