

**West Geauga Local School District**

**VACATION REQUEST  
CLASSIFIED EMPLOYEES**

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

VACATION DATES: \_\_\_\_\_

NUMBER OF DAYS: \_\_\_\_\_

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Supervisor's Approval)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Superintendent's Approval)*

\_\_\_\_\_  
*(Date)*

NOT APPROVED

REASON: \_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_