

Memo

To: All Twelve (12) Month Employees
From: Superintendent's Office
Re: Vacation Day(s) Request



When requesting a Vacation day(s) please complete the form below and return to the Central Office **two (2) weeks in advance.**

FAX TO: Central Office @ 655-8841

Name: _____

Campus: Circle One

Rivercrest Elementary RHS 7-8 RHS 9-12

(Example) Request # Days 3 Month July Date(s) 7, 8, 9

Request # Days _____ Month _____ Date(s) _____

Request # Days _____ Month _____ Date(s) _____

Request # Days _____ Month _____ Date(s) _____

Your Signature _____ Date _____

Principal's Signature _____ Date _____

Superintendent's Signature _____ Date _____