

**ALEXANDER COUNTY SCHOOL
VACATION REQUEST
12 MONTH EMPLOYEE**

According to guidelines adopted by the State Board of Education and the Alexander County Board of Education, request is hereby made to be on vacation the following dates.

Submitted By _____ Date _____

Approved _____ Date _____
Principal/Supervisor

School _____

Approved _____ Date _____
Director of Human Resources

After approval by Principal/Supervisor please submit to the Human Resource Department for final approval. Original will be returned to you and a copy submitted to payroll. **Unless an emergency, please submit five days in advance.**

