**Madison Metropolitan School District**

**REQUEST FOR VACATION OR FLOATING HOLIDAY**

Please submit to your immediate supervisor.

Employee’s Name:

Employee Number:

Request Date:

The vacation/floating holiday year for classified personnel is January 1 through December 31. The vacation year for certificated personnel is July 1 through June 30.

I hereby request:

[ ]  Vacation for the following dates:

[ ]  Floating Holiday for the following dates:

This is a total of       vacation day(s)/hours and

       floating holiday(s)/hours.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Inasmuch as this request will also serve as the record of the number of days/hours of vacation or floating holidays which you have taken, be sure to notify your immediate supervisor if, for any reason, you do not take the days/hours indicated above as vacation or floating holiday.

To be completed by the Department Administrator:

[ ]  Approved

[ ]  Disapproved

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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