

**CENTRAL ISLIP UNION FREE SCHOOL DISTRICT
CENTRAL ISLIP, NY**

VACATION REQUEST

To: _____, Supervisor

From: _____

I am requesting a vacation day (s) on _____

_____ Date	_____ Signature
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REASON FOR DENIAL OF REQUEST:

Recommended _____

Not Recommended _____

Immediate Supervisor or Admin.

Date

Recommended _____

Not Recommended _____

Immediate Supervisor or Admin.

Date