

**ST. CLAIR COUNTY BOARD OF EDUCATION  
VACATION LEAVE (12 Month Contract Only)**

Employee Name: \_\_\_\_\_  
(Social Security Name)

School: \_\_\_\_\_

I request approval for vacation leave for the following dates:

Beginning Date: (00/00/00)	Ending Date: (00/00/00)	# of Days Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL # of DAYS		_____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Approved       Denied