



INSTRUCTIONS: EACH ELIGIBLE CUSTODIAN SHOULD COMPLETE THIS VACATION REQUEST FORM WHEN THEY REACH THEIR VACATION ELIGIBILITY DATE. THE FORM MUST BE SUBMITTED TO THE PRINCIPAL FOR APPROVAL. AFTER APPROVAL, THE PRINCIPAL WILL FORWARD A COPY TO PERSONNEL.

NOTE: SELECTED AND APPROVED DATES CANNOT BE CHANGED WITHOUT PERMISSION FROM THE PRINCIPAL.

**SPARTANBURG SCHOOL DISTRICT TWO
CUSTODIAL STAFF
VACATION REQUEST FORM**

Employee Name: _____

Location: _____

Eligibility Period: _____ to _____
Date Date

I request the following vacation days for my eligible vacation period:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employee Signature: _____ **Date:** _____

Approved by: _____ **Date:** _____

Copy to Personnel on: _____
Date

Note: Copy must be sent to personnel within one week from approval date.