



Great Falls Public Schools

VACATION REQUEST

Form must be completed in advance.

Name _____ Position _____

Request for vacation: Work dates requested _____

Number of days: _____

Coverage: _____

Employee Signature

Date

Direct Supervisor Signature (when applicable)

Date

Approved

Not Approved

DW-201 Vacation Request | Rev. 5/2023 | Distribution: WHITE – Direct Supervisor YELLOW - Employee



Great Falls Public Schools

VACATION REQUEST

Form must be completed in advance.

Name _____ Position _____

Request for vacation: Work dates requested _____

Number of days: _____

Coverage: _____

Employee Signature

Date

Direct Supervisor Signature (when applicable)

Date

Approved

Not Approved

DW-201 Vacation Request | Rev. 5/2023 | Distribution: WHITE – Direct Supervisor YELLOW - Employee