

VACATION REQUEST FORM

THIS FORM MUST BE ATTACHED TO TIMESHEET

Mason County Board of Education

1 Education Lane
Point Pleasant WV 25550

Employee Name: _____

Employee ID#: _____

Location: _____

Date: _____ Half Day _____ Full Day _____

Please enter date for each day you are requesting.

_____ Half Day _____ Full Day _____

_____ Half Day _____ Full Day _____

_____ Half Day _____ Full Day _____

_____ Half Day _____ Full Day _____

Total Number of Full Days: _____ Total Number of Half Days: _____

Employee Signature: _____ Date: _____

Approved By: _____ Date: _____