

Miami Sunset Senior High School

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MIAMI-DADE COUNTY PUBLIC SCHOOLS

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REGION SUPERINTENDENT
SOUTH REGIONAL CENTER (305) 252-3041

REQUEST FOR VACATION LEAVE

Today's Date: _____

EMPLOYEE NAME: _____ EMPLOYEE # _____

Date(s) requested for Vacation Leave:

NOTE: EXCEPT FOR EMERGENCIES, REQUESTS FOR VACATION LEAVE MUST BE
SUBMITTED AT LEAST ONE WEEK IN ADVANCE.

EMPLOYEE SIGNATURE: _____

DATE: _____

APPROVED: _____

DATE: _____

DENIED: _____

DATE: _____