



REDFORD UNION SCHOOLS, DISTRICT NO. 1
REQUEST FOR EXTENDED LEAVE DAYS OR VACATION

Employee Name: _____

Building: _____

Employee Bargaining Unit: _____

**Extended Vacation Date(s)
Requested:** _____

**Extended Leave Dates
Requested (more than
3 consecutive days):** _____

“The first responsibility of all school employees is the orderly conduct of the school. Although leave time may be used for various purposes, the absence of any employee could interfere with our school services. Therefore, requests for use of leave days, except in cases of sickness or emergencies, should be made in advance to the school principals so that substitutes can be provided.”

“No extended vacations will be granted except as authorized by the Board of Education or their designee. A request for using leave days for such purposes shall be made at least thirty (30) days in advance.”

I _____ have read and understand the above conditions of my request.
(Employee)

Reason for Request: _____

Employee: _____ Date: _____

Building/Program
Administrator: _____ Date: _____
Approved / Denied

Executive Director
Human Resources: _____ Date: _____
Approved / Denied