RESA 1
VACATION / RELEASE DAY REQUEST

I request vacation / release time

Beginning _____ 20_____
Day of Week Month Day

Ending _____ 20_____
Day of Week Month Day

Total Days: _____

Employee: _____
Signature

_____
Position

Employee ID Number: _____

Approved: _____
Executive Director

Recorded: _____ By _____
Date