

**MACON COUNTY BOARD OF EDUCATION
VACATION REQUEST FORM**

FISCAL YEAR _____

EMPLOYEE NAME: _____ POSITION: _____

SOCIAL SECURITY NUMBER: _____ LOCATION: _____

I hereby make request for vacation for a period of _____ days,
from _____ through _____.

This will make a total of _____ days for the fiscal year.

I hereby certify that the above is true and correct.

Employee

Date

Supervisor

Date

*Attach to timesheet for appropriate pay period.
Submit to the Central Office