Rock Hill Local School District
•Board Of Education•

I _____ AM REQUESTING TO BE

PAID_____DAYS ACCRUED UNUSED VACATION

DAYS. (PER BOARD POLICY 11/28/95)

_____ DAYS X $_____ DAILY RATE = $ _____

_____   _____

EMPLOYEE SIGNATURE   **DATE**

_____   _____

SUPERINTENDENT SIGNATURE   **DATE**