

**Niagara Falls City School District
Office of Human Resources**

STAFF VACATION REQUEST FORM

Check your vacation balance on your paycheck before requesting Vacation Days. Vacation days must be approved in advance by your Supervisor. Please submit your request at least 3 weeks in advance. Absence without approval is unauthorized.

Print Name

Date

Signature

Position

Location

Number of Days Requested: _____

Dates Requested:

Supervisor Approval

Approved

☐

Denied

☐

Reason: _____

Supervisor Signature

Date

If you would like confirmation, attach one (1) copy of this form