

JOHNSON COUNTY SCHOOLS EMPLOYEE VACATION FORM

Name: _____

School: _____

Home Address: _____

I. Fill in the appropriate information:

Vacation Leave: Please deduct _____ day(s) for the following dates: _____

II. If Applicable please pay the following substitute for _____ days.

(Name)

III. I certify that the above statements are true.

Employee: _____
(Signature) (Date)

Principal/Supervisor: _____
(Signature) (Date)