



# Holly Springs School District

840 Highway 178 East  
Holly Springs, MS 38635

## ABSENCE AND VACATION REQUEST FORM FOR CERTIFIED AND NON-CERTIFIED EMPLOYEES

Employee: \_\_\_\_\_ School: \_\_\_\_\_  
Date of Request: \_\_\_\_\_ Date(s) of Absence: \_\_\_\_\_

### General Absence:

Amount of Time Requested:

\_\_\_\_\_ 1/2 Day AM or PM  
\_\_\_\_\_ Full Day(s) Number of Days: \_\_\_\_\_  
\_\_\_\_\_ Other (Please Explain): \_\_\_\_\_

Type of Absence Leave Requested:

\_\_\_\_\_ Approved School Business (Please Explain): \_\_\_\_\_  
\_\_\_\_\_ Personal (Please Explain): \_\_\_\_\_

**Personal Leave must be approved in advance at District Office. Personal Illness**

\_\_\_\_\_ Illness of Immediate Family (Relationship): \_\_\_\_\_  
\_\_\_\_\_ Death in Immediate Family (Relationship): \_\_\_\_\_  
\_\_\_\_\_ Jury Duty \_\_\_\_\_  
\_\_\_\_\_ Other (Please Explain): \_\_\_\_\_  
\_\_\_\_\_

### Vacation:

Twelve (12) month employees receive ten (10) days paid vacation per fiscal year. An employee must have worked a full year before receiving a full two weeks vacation. Vacation may be taken at once or at a day at a time. **In either case, prior approval is necessary prior to taking vacation.** Your request will be honored as requested unless your absence will cause undue hardship for the district. **Should the dates change, a new form must be submitted.** This form will become a permanent record in your file.

I desire to take my vacation beginning \_\_\_\_\_ through \_\_\_\_\_

**I certify that I have read the information given on this form and that said information is correct.**

Employee Signature: \_\_\_\_\_ Verification of Available Days: \_\_\_\_\_  
(Secretary's Initials)

Supervisor's Approval: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_