

ANNUAL LEAVE (VACATION) SCHEDULE

Name: _____

Please complete this form and submit to the director at least two weeks prior to the date upon which you wish your annual leave to begin. Please do not book a vacation until approval is received.

Annual Leave to begin on: ___/___/___

Annual Leave to end on: ___/___/___

Please note any special directions on tasks that should be reassigned during your annual leave.

Please indicate how you should be contacted in case of an emergency during your leave.
