

FOREST HILLS PUBLIC SCHOOLS  
**VACATION AUTHORIZATION 52-WEEK SUPPORT STAFF AND SUPERVISORS**  
(Please file two weeks in advance)

Employee's Name \_\_\_\_\_ Employee's ID# \_\_\_\_\_  
(Please Print)

I wish to schedule \_\_\_\_\_ day(s) of my authorized vacation.

The date(s) I will be on vacation are \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Supervisor's Signature Date

**IF YOUR VACATION LEAVE  
BANKS HAVE BEEN DEPLETED,  
THIS TIME WILL BE  
DEDUCTED FROM YOUR PAY.**

**SEND ORIGINAL TO PAYROLL SCHOOL/DEPT: SHOULD MAKE AND RETAIN A COPY**

**P-3b**  
revised 7/11

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