

COLUMBUS GROVE LOCAL SCHOOL  
VACATION LEAVE FORM

NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

I hereby apply for \_\_\_\_\_ day(s) of vacation leave  
beginning \_\_\_\_\_, 20\_\_\_\_, and ending  
\_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Superintendent's Signature