

Teaching and Learning Services
200 North Bernard Street
Spokane, WA 99201-0282

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fax (509) 354-5965
www.spokaneschools.org



Principal Request for Vacation on Days When School is in Session
(Including Nonstudent; Teacher Compulsory Days)

Today's Date _____ School _____

Name of Principal/Assistant Principal _____

Requesting Vacation Day(s) on _____

Reason for Request _____

School Director Recommendation for Building Coverage _____

School Director Signature _____

Associate Superintendent Signature _____

Forwarded to Human Resources on _____

(Date)

cc: Principal/Assistant Principal
School Director
Associate Superintendent, Teaching and Learning Services