

**Southwest Region Conference
Office of Education
Principal - Twelve (12) Month Employes
Summer Vacation Form**

Name: _____ **Date:** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Email: _____

School: _____



You will be given two (2) weeks summer vacation in addition to all school holidays during the school year.

*The last two (2) weeks of July, you are required to be at school promoting/marketing/recruiting for the new school year.

Vacation Time Requested:

June: _____ 2nd week _____ 3rd week _____ 4th week
***July:** _____ 1st week _____ 2nd week

Where can you be reached, if needed?

Telephone # _____ **Cell #** _____

Email _____

Signature

Date

APPROVED BY:

Education Superintendent

Date

