



**WASHOE COUNTY SCHOOL DISTRICT**  
**HUMAN RESOURCES DIVISION**

**REQUEST FOR PAYMENT OF ACCRUED VACATION**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Position: \_\_\_\_\_

I elect to be paid for \_\_\_\_\_ (5 maximum) days of my accrued vacation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date