



# FULTON COUNTY FAMILY PARTNERSHIP

FOR OFFICE USE:

Processed By: _____	<input type="checkbox"/> PACC
Date: _____	<input type="checkbox"/> SACC

## CHILDCARE VACATION FORM

NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

Vacation Days Requested: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

- \* Please drop completed form in payment box
- \* Vacation Days must be turned in by close of business on the prior Tuesday. NO EXCEPTIONS.

Processed by: _____	Date: _____
Vacation Days Left:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved



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