

PORT JERVIS PUBLIC SCHOOLS

VACATION REQUEST

(Complete in triplicate)

EMPLOYEE _____

DEPT./SCHOOL _____

DATES REQUESTED _____

I understand that requested vacation time cannot be taken until the employee receives a copy of this from the Superintendent's office, signed and approved. (Exceptions can only be made in the event of an emergency.)

Vacations permissions will not be given more than 90 days in advance.

Employee

Date

Department Director Date
(for Custodial, Food Service, Transportation and Maintenance Personnel)

Principal Date

Final Approval:

Superintendent's Office Date

(Original to bookkeeping, yellow copy to building or department unit, pink copy to employee.)