

VINELAND PUBLIC SCHOOLS VACATION REQUEST

Please submit this form to your Administrator at least seven (7) calendar days prior to the date(s) being requested. (A waiver of this time limit may be approved in emergencies and unusual circumstances, at the discretion of the Administrator.)

Name of Employee

Job Title

School/Department

Date(s) Requested (Please indicate AM or PM for ½ days)

Job# (s)

Signature of Employee

Date Submitted

APPROVED: _____

DENIED: _____

REASON DENIED: _____

Signature of Principal/Supervisor

Date