

# 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