



**NORTH EAST SCHOOL DISTRICT
PERSONAL – VACATION DAY
REQUEST FORM**



EMPLOYEE NAME: _____

DEPARTMENT/BUILDING: _____

LEAVE TYPE: **FULL DAY** **HALF DAY - (NEEA/IUOE Personal Day Excluded)**

PERSONAL DAY _____ -- _____
Of Days Requested Dates Requested

VACATION DAY _____ -- _____
Of Days Requested Dates Requested

UNPAID DAY* _____ -- _____
Of Days Requested Dates Requested

Superintendent's Signature

I understand that if the above day(s) is not available to me I will be notified prior to the date requested. I also understand that days available are contingent upon what is specified per the bargaining unit or individual contract that I am employed under.

I will be notified of the approval of days off via email, or by copy of this request.

Employee's Signature

Date of Request

Supervisor's Signature

Date of Approval

Payroll Confirmation of Days Available

Date Received

****Please use the back of this form, or attach a letter explaining the request for Unpaid Day(s) Off.***