

New York Conference Education Department

Vacation Request

(for 12 Month Employees)

Name: _____ Date: _____

This year I am eligible for: ___ two weeks ___ three weeks ___ four weeks

Carry-over from last year: ___ one week ___ two weeks

Vacation Dates Requested

From: _____ To: _____

From: _____ To: _____

Please indicate where you can be reached in case of an emergency:

Name: _____ Telephone: _____

Address: _____

Date Submitted: _____

Signature: _____

Date Approved: _____

Approved by: _____

For Office Use:

Vacation days available _____

Vacation days requested _____

Vacation days remaining _____