

NECSD Vacation Request Form 2018-2019

Name: _____

Date: _____

Reporting Location: _____

Title: _____

“Circle” the days you intend to use as vacation on the calendar below. **Prior approval is required for all vacation days, so please plan accordingly.** Return to immediate supervisor for approval. Please **DO NOT** call the tape for vacation days. Unapproved vacation time may be charged against sick time or result in loss of pay. “H” indicates a district holiday for that day.

July 2018

Holidays are built into calendar

S	M	T	W	T	F	S
1	2	3	H	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
# of Days taken _____						
Balance of days _____						

August 2018

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
# of Days taken _____						
Balance of days _____						

September 2018

S	M	T	W	T	F	S
						1
2	H	4	5	6	7	8
9	H	H	12	13	14	15
16	17	18	H	20	21	22
23	24	25	26	27	28	
# of Days taken _____						
Balance of days _____						

October 2018

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	H	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
# of Days taken _____						
Balance of days _____						

November 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	H	13	14	15	16	17
18	19	20	21	H	H	24
25	26	27	28	29	30	
# of Days taken _____						
Balance of days _____						

December 2018

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	H	H	H	H	H	29
30	H					
# of Days taken _____						
Balance of days _____						

January 2019

Holidays are built into calendar

S	M	T	W	T	F	S
		H	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	H	22	23	24	25	26
27	28	29	30	31		
# of Days taken _____						
Balance of days _____						

February 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	H	19	20	21	22	23
24	25	26	27	28		
# of Days taken _____						
Balance of days _____						

March 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						
# of Days taken _____						
Balance of days _____						

April 2019

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	H	20
21	H	H	H	H	H	27
28	29	30				
# of Days taken _____						
Balance of days _____						

May 2019

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	H	28	29	30	31	
# of Days taken _____						
Balance of days _____						

June 2019

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						
# of Days taken _____						
Balance of days _____						

Approved by: _____

Date: _____