

NECSD Vacation Request Form 2019-2020

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 2019

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 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 _____

September 2019

S	M	T	W	T	F	S
1	H	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	H					
						# of Days taken _____
						Balance of days _____

October 2019

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

November 2019

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

December 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	H	H	H	H	H	28
29	H	H				
						# of Days taken _____
						Balance of days _____

January 2020

Holidays are built into calendar

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

February 2020

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

March 2020

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 2020

S	M	T	W	T	F	S
			1	2	3	4
5	H	H	H	H	H	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 _____

May 2020

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	H	26	27	28	29	30
31						
						# of Days taken _____
						Balance of days _____

June 2020

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: _____