



Pleasantville Public Schools



Home of the Greyhounds

VACATION CARRYOVER REQUEST FORM

Requested By: _____ Date: _____

School/Location: _____ Position: _____

I am requesting to carryover _____ vacation days into the 2024-2025 school year.

❖ **ADMINISTRATORS**

- Up to (15) vacation days may be carried into the next school year.

❖ **SUPPORT STAFF**

- Up to (5) days may be carried into the next school year.

I understand that vacation time exceeding those days authorized to be carried over must be utilized prior to June 30, 2024 or the days will be forfeited.

Signature of person requesting carryover days: _____ Date: _____

Principal/Administrator Signature: _____ Date: _____

Superintendent's Recommendation: Approved: _____ Not Approved: _____ Further Review _____

Superintendent's Signature: _____ Date: _____

Distribution: Original - Human Resources Office

Copy - Returned to person requesting carryover