

PLEASANTVILLE PUBLIC SCHOOLS  
Pleasantville, New Jersey

**VACATION REQUEST FORM**

**Request must be submitted at least one week prior to vacation, if not request must be explained.**

**REQUESTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SCHOOL /LOCATION** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**PLEASE LIST REQUESTED DATES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of person requesting vacation** \_\_\_\_\_

**Administrator's Recommendation:** Approved \_\_\_\_ Not Approved \_\_\_\_ Further Review \_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Distribution: Original: Human Resources Office  
Copy: Office of Administrator  
Copy: Returned to person requesting vacation