

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