

BERKSHIRE BOARD OF EDUCATION

VACATION REQUEST

(GOLD PAPER)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_ BUILDING: \_\_\_\_\_

DATE:	TIME:	TIME:	TIME USED:
TOTAL TIME USED:			
TOTAL DAYS USED:			

Signature of Employee: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

- Approved
- Not approved

Signature of Superintendent: \_\_\_\_\_

- Approved
- Not approved

-----  
Office use only

As of \_\_\_\_\_, employee has \_\_\_\_\_ days

Day(s) requested \_\_\_\_\_  
Balance \_\_\_\_\_