



NEW BEDFORD PUBLIC SCHOOLS AFSCME VACATION REQUEST FORM

NAME: _____ DATE OF REQUEST _____

POSITION: _____

SCHOOL/OFFICE: _____

Request the following dates of vacation:

FROM: _____ TO: _____

★ I understand that I will receive vacation pay in regular bi-weekly payments.

Recommended Approval

Recommended Approval

Recommended Disapproval

Recommended Disapproval

Principal's Signature

Supervisor's Signature

THE PRINCIPAL'S/SUPERVISOR'S RECOMMENDATIONS ARE NOT FINAL. APPROVAL OR DISAPPROVAL WILL BE DETERMINED BY THE SUPERINTENDENT / DESIGNEE.

APPROVED

DISAPPROVED

Superintendent / Designee