EDUCATION

Vacation Request Form

12-Month Employees



Office of Executive Secretary

P.O. Box 12340 | Scottsdale, AZ 85267-2340 O: (480) 991-6777, ext. 127 F: (480) 991-4833

Vacation requests must be communicated to the principal and then to the superintendent of schools. All request forms are submitted for approval to the Conference Executive Secretary's office. Vacation benefits are based on the school year calendar of July 1 through June 30. Please submit requests in a timely manner to ensure clearance of your vacation dates. Vacation time should generally be taken in the year of accrual. Vacation can roll over to the following year (Section B). The employee's birthday counts as a holiday. Vacation must be taken in full day increments, not partial days.

SECTION A VACATION ACCRUAL			Vacations based on a 5-day week (M-F)	
Years of Full-Time Employ 1-4 5-9 9+	School Break Vacation Days Thanksgiving (1), Christmas (4), Spring Break (2) Same Same	Summer 3 days 8 days 13 days	Total Vacation Days 10 15 20	
For example, if you have 3 year giving you 15 days for the follo	f 50% of your annual vacation accrual for the follows of full-time employment, you may roll over a newing year. There is no rollover if you've used allows as 7. You must request roll over of unused vaces.	maximum of 5	5 days of your 10-day accrua n. 50% of the 15-day	
Employee Name			Date	
I have informed the: Pri				
I am requesting the following	vacation days:			
Date				
Date				
Date				
FOR OFFICE USE ONLY Vacation Calculation:	ceive a copy of this approval from the Execu			
APPROVAL (Administrative O	ufficer)	Date		