

Pittsford Schools

Vacation Allowance
Payment Request Form
Managerial/Confidential

DATE: _____

TO: Human Resources Office

FROM: _____

RE: Unused Vacation Days

Per section 6-8 of the Managerial Agreement and the Vacation section of the Confidential Agreement between the Board of Education and the Pittsford District Managerial/Confidential groups , I am requesting that I be paid for _____ (specify number, up to 5) of unused vacation days for the current school year.

*NOTE: THIS REQUEST MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE **BY MAY 15** OF THE CURRENT SCHOOL YEAR*

Signature: _____

Approved: _____
Human Resources

Copies to: ___ Payroll ___ Budget ___ File