

# Pittsford Schools

Vacation Allowance  
Payment Request Form  
Pittsford Educational Office Professionals

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

TO: Human Resources Office

FROM: \_\_\_\_\_

RE: Unused Vacation Days

Per the agreement Section 4-1-6 of the Agreement between the Board of Education and the Pittsford Educational Office Professionals (PEOP) 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