
ADMINISTRATIVE REGULATIONS**PER-14****SECTION: Personnel****SUBJECT: Vacations**

01/15/08

A vacation Request Form (PER-14F/A) must be filled out and turned in to the immediate supervisor five(5) days prior to the vacation dates requested for all twelve-month employees. Vacations are to be scheduled with approval of the immediate supervisor. After one year of service, all twelve-month full time employees will be eligible for two(2) weeks paid vacation.

Twelve-month personnel who normally work 236 to 240 days per year shall be granted up to four(4) weeks vacation according to the following schedule:

- 1 - 9 years shall receive two(2) weeks vacation.
- 10 - 14 years shall receive three (3) weeks vacation.
- 15 or more years shall receive four (4) weeks vacation.

All 250-day employees are eligible for the following schedule:

- 1 - 4 years shall receive two(2) weeks vacation.
- 5 - 14 years shall receive three(3) weeks vacation.
- 15 - 24 years shall receive four(4) weeks vacation.
- 25 or more shall receive five(5) weeks vacation.

Accrued vacation must be used within a year of the time it is earned, beginning on July 1 and ending on or before June 30 of the following year. Immediately upon return from vacation, an Approved Vacation/Used Form (PER-14F/B) must be completed and submitted to the **Personnel** Department.

When determining the amount of vacation an employee is eligible to receive, only **consecutive years** of employment shall be considered.

Nederland Independent School District

VACATION REQUEST FORM

Print Name

Identification Number

This form must be turned in to your immediate supervisor five (5) days *prior* to the vacation date/dates requested. After approval return to Personnel Office.

No. of Days Requested	Actual Date(s) Requested MM/DD/YY	Days Remaining

Employee's Signature

Supervisor's Signature

Nederland Independent School District

APPROVED VACATION USED

Print Name

Identification Number

This form must be turned in to the Personnel Department *immediately*
AFTER vacation has been taken.

No. of Days Used	Actual Date(s) Requested MM/DD/YY	Days Remaining

Employee's Signature

Supervisor's Signature

PER-14F/B

Revised 12/9/04