

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 up to ten (10) unused vacation days for the current school year as indicated below (Choose Option 1 **OR** Option 2).

Option 1:

_____ Split payments in two with _____ (enter the number of days up to five (5) days) being paid in the last pay in December and _____ (enter the number of days up to five (5) days) being paid in the last pay in June. **(Notification to HR by November 15)**

Option 2:

_____ One lump sum payment of _____ (enter the number of days up to ten (10) days) to be paid in the final payroll of the school year. **(Notification to HR by May 15)**

NOTE: THIS REQUEST MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE BY NOVEMBER 15 for split payments and by MAY 15 OF THE CURRENT SCHOOL YEAR

Signature: _____

Approved: _____

Human Resources

Copies to: ___ Payroll ___ Budget ___ File