

Pittsford Schools

Vacation Allowance
Payment Request Form
Supervisory & Technical

DATE: _____

TO: Human Resources Office

FROM: _____

RE: Unused Vacation Days

Per section 8-7 of the Agreement between the Board of Education and the Pittsford District

Supervisory & Technical Association, 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