

Pittsford Schools

Vacation Allowance
Payment Request Form
PDAA

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

Administrators' 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