

# Bourne Public Schools

36 Sandwich Road  
Bourne, MA 02532  
508.759.0660  
508.759.1107 (fax)

## REQUEST FOR VACATION TIME

**INSTRUCTIONS:** This form is to be approved by the Superintendent prior to taking vacation day(s).

Name: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

If school is in session: explanation for the circumstances requiring vacation days(s):

For vacation time during school:

Have you been granted other vacation days when school has been in session?

When?

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by Immediate Supervisor

\_\_\_\_\_  
Date

\*\*\*\*\*

Your request to take vacation time is  Approved  Not Approved

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

