

**LUZERNE INTERMEDIATE UNIT  
VACATION REQUEST FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

VACATION DATES REQUESTED:

\_\_\_\_\_

\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PROGRAM DIRECTOR: \_\_\_\_\_

PROGRAM DIRECTOR SIGNATURE: \_\_\_\_\_

EXECUTIVE DIRECTOR SIGNATURE: \_\_\_\_\_

APPROVED

DISAPPROVE

DATE: \_\_\_\_\_

**Section XIII- EDUCATIONAL SUPPORT PERSONNEL PROVISIONS -Section C-  
VACATIONS**

“Vacation time may be taken at any time of the year with the approval of the Program Director. Vacation will be approved on the basis of seniority. Any day not already designated as a paid holiday will be used as a paid vacation day during that week”