

**LUZERNE INTERMEDIATE UNIT
VACATION REQUEST FORM**

NAME: _____ DATE: _____

ASSIGNMENT: _____

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”