

VACATION REQUEST FORM
ELMIRA CITY SCHOOL DISTRICT
430 W. Washington Ave
Elmira, NY 14901
(607) 735-3000

(I.S.E.A) Article 13 – Vacation

- (a) Vacation days typically must be taken during the fiscal year in which they are credited.
(b) Vacations shall be scheduled based on building needs. An employee shall arrange his vacation schedule with the approval of his immediate supervisor.

(C.M.C.W.) Article 14 – Vacations

Scheduling. Head custodians shall consult with individual custodial employees to schedule vacations. The assistant supervisor of buildings and grounds shall consult with individual maintenance employees to schedule vacations. All vacation schedules are subject to approval of the supervisor of buildings and grounds. Except in emergencies, an employee must give at least twenty-four (24) hours' notice of the request for vacation day(s). If an employee wishes to know his available vacation days or his vacation entitlement status, he should consult his immediate supervisor before July 1st of each year.

(C.W.A.) Article 9.01 - Vacation Time

Except for mechanics, employees may not use vacation days during the first two weeks of the school year. During the first two weeks of the student school year, the Superintendent of Transportation may approve vacation for one mechanic.

(E.S.S.A.C.) Article XVIII - Vacation and Holidays

Non-tenured ESSAC employees will take vacation on days that school is not in session for children. Exceptions can be granted by the Superintendent. Should a tenured Administrator desire to use vacation days when school is in session, it is a professional expectation that the Administrator will discuss vacation plans with the Superintendent/Designee.

Please mark days to be used as:

☐ Vacation ☐ Rollover Vacation ☐ Vacation Bank

Name of Employee: _____

Building/School and Position: _____

Date(s) of Vacation Leave: _____

I am taking vacation consistent with the conditions set forth above. (Any exception to the above-stated conditions for vacation leave must be approved by the Director of Administration.)

Signed: _____

Date: _____

Supervisor Approval: _____

Date: _____

Extenuating Circumstance Approval Granted

Director of Administration Approval: _____

Date: _____

After Supervisor has given their approval, send form to Personnel for final review

Revised: 10/28/2019