

**Section 16.22**

**MINFORD LOCAL SCHOOL DISTRICT  
VACATION REQUEST FORM**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

<p><u>OFFICE USE ONLY</u></p> <p>Date Received _____</p> <p>Approved _____</p> <p>Disapproved _____</p> <p>Reason _____</p> <p>_____</p> <p>_____</p>
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1. Certified          Classified          (Check appropriate Classification)

2. List the dates you will be taking as vacation

A. \_\_\_\_\_

B. Total Number of Vacation Days \_\_\_\_\_

3. Each full-time employee including salary, hourly, and per diem employees shall be entitled, according to the following schedule, to an annual vacation. **Any holiday occurring during any vacation period shall result in an additional days pay or an additional days vacation at the employer's option.**

A. **Certified**, only 12 month employees are eligible for vacation as to their contract with Minford Local Board of Education.

B. **Classified**, only 12 month employees are eligible for vacation based on their years experience as follows:

One (1) year employment - Two (2) weeks vacation

Seven (7) years employment - Three (3) weeks vacation

Fifteen (15) years employment - Four (4) weeks vacation

C. **You must be employed one full year to be eligible for vacation.**

4. Date submitted \_\_\_\_\_ to Superintendent's office.

\_\_\_\_\_  
SIGNATURE