



NEW BEDFORD PUBLIC SCHOOLS VACATION REQUEST FORM

NAME: _____ DATE OF REQUEST _____

POSITION: _____

SCHOOL/OFFICE: _____

Request the following dates of vacation:

Total Number of days: _____

DATES: _____

Recommended Approval

Recommended Disapproval

Supervisors' Signature (If applicable)

APPROVED

DISAPPROVED

Superintendent / Designee