North Point Educational Service Center

VACATION REIMBURSEMENT FORM

I hereby request _____ days (maximum of 10 days per contract year) vacation pay as per board policy. I understand that these days will be deducted from my vacation balance.

_____ _____
Employee Signature Date

_____ _____
Treasurer's Signature Date

_____ days deducted from vacation balance on _____.

Certificated staff may only request Vacation Reimbursement between August 1st and June 30th.

Classified staff may only request Vacation Reimbursement between July 1st and May 31st.