

REQUEST FOR VACATION TIME

This is to inform Toddler Tech Child Care Center that _____

Will not attend the center during the week(s) of _____ I

Would like to use _____ vacation weeks.

_____ Date

_____ signature of parent/guardian

This form must be turned in to the office at least two weeks prior to request to use a vacation week. This policy will not be waived for any circumstances.

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FOR OFFICE USE ONLY

Your request to use vacation time for the following week(s) _____ has been approved.

Your request to use vacation time has been denied for the following

reason _____

Including this week, you have used _____ weeks to date and have _____ week(s) remaining.

_____ Date

_____ signature from office personnel