TODDLER TECH
REQUEST FOR VACATION TIME

VACATION REQUEST

THIS IS TO INFORM TODDLER TECH CHILDCARE CENTER THAT

_____WILL NOT ATTEND THE CENTER DURING

WEEK(S) OF _____.

I WOULD LIKE TO USE _____VACATION WEEKS.

PARENT SIGNATURE:_____ DATE:_____

THIS FORM MUST BE TURNED INTO THE OFFICE AT LEAST TWO WEEKS PRIOR TO REQUEST TO USE A VACATION WEEK. THIS POLICY WILL NOT BE WAIVED FOR ANY CIRCUMSTANCES.

FOR OFFICE USE ONLY

Family Name:

Your request for a vacation for the dates of _____

_____Has been APPROVED, and you will receive _____week(s) of vacation credit.

_____Has been denied for the following reason:_____

_____

_____

ADMINISTRATOR'S SIGNATURE: **DATE**