



Center for Educational Innovation
28 West 44th Street, New York, NY 10036-6600
Phone: 212.302.8800 Fax: 212.302.0088

VACATION REQUEST FORM

Date: ____/____/____

Name: _____

Vacation Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____ Days

Signature of Employee Date: ____/____/____

Approval:

Signature of Supervisor Date: ____/____/____

Signature of Human Resources Date: ____/____/____

Please Forward the Original to Human Resources*

***This form must be submitted two weeks prior to the start of the vacation request**