

Putnam Valley Central School District

146 Peekskill Hollow Road
Putnam Valley, New York 10579

Administrator Vacation Reimbursement Request

All requests must be submitted by June 1st of each year.

In accordance with my Putnam Valley Central School District administrator agreement, I am requesting that I be reimbursed for the days listed below, which will come from my unused vacation time at the rate of 1/240 of my current salary. I understand that this reimbursement will be paid to me at the end of the school year.

Date of Request: _____

Employee's Name: _____

Number of days: _____ (*maximum of 6 days*)

Employee's Signature: _____ *Date:* _____

Superintendent's Approval: _____ *Date:* _____
(*Signature*)

For Office Use:

_____ Rate:

_____ F.M. Attendance