

# **BEDFORD ELEMENTARY PERSONAL DAY & VACATION DAY FORM**

Name of Staff Requesting Personal/Vacation Day: \_\_\_\_\_  
(Circle type of request) (Print Name)

Date/Dates Requested: \_\_\_\_\_

Signature of Staff Requesting Day: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

APPROVED

DISAPPROVED

**Staff Reminder: You are responsible to call into the AESOP System to report your days off.**

**AESOP number: 1-800-942-3767 (toll free)**

Comments: