College of the Atlantic

SALARIED EMPLOYEE
VACATION TIME SHEET

NAME: _____

Please indicate your days off by writing one of the following letters in the corresponding date boxes on the calendars:

V = Vacation **P** = Personal

A = Accumulated **O** = Other

TOTAL DAYS THIS QUARTER

Please add up all days and write the totals below.

_____ Vacation

_____ Personal

_____ Accumulated *(needs approval)*

_____ Other _____

Please explain—bereavement, jury duty, etc.

_____

Employee signature Date

_____

Manager signature Date

This time sheet needs to be submitted to Missy Cook by October 15, 2025

JULY 2025						
SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

AUGUST 2025						
SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

SEPTEMBER 2025						
SUN	MON	TUES	WED	THURS	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				