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 January 15, 2026

OCTOBER 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	19	30	31	

NOVEMBER 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
23/30	24	25	26	27	28	29

DECEMBER 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			