

Name _____

Address _____

Phone _____

New Address or Phone

Monthly Vacation/Meeting Report

Central California Conference

Education Department

***All 12-month ECE Directors must submit this form to the Office of Education monthly**

Month _____ Year _____

***Code 1-6 1 Office Duties 2 Holiday 3 Vacation 4 Sick 5 Conference Meeting 6 Other (specify)**

	D A T E	* C O D E	Activity	Explanation
Yearly holidays not subtracted from vacation days:	1			
	2			
	3			
1. New Year's Day	4			
	5			
2. Memorial Day	6			
	7			
3. 4th of July	8			
	9			
4. Labor Day	10			
	11			
5. Thanksgiving Day/Friday	12			
	13			
6. Christmas Day	14			
	15			
	16			
	17			
	18			
	19			
	20			
	21			
	22			
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