2025 SMART-TD Vac	ation Form						
Mail to:							
Boone SMART-TD Tr	ainmen Vacation	Requests					
P.O. Box 382							
Boone, IA 50036							
Employee's Name			Employee ID				
Seniority Date Date of Hir			e Number of weeks				
Work Location			Craft				
I want my vacation a	s late in the year	as possible					
I choose to split my v	acation as late in	the year as p	ossible				
I want specific dates,	or splits, enter t	hem below					
	<u>Per</u>	the Paid Sick	Leave agre	<u>eement</u> :			
l wa	ant 3 Single days o	of Vacation(LV	') turned in	to 3 Paid Sick(PS)			
First choice or split		wks	Second Choice or split		wks		
1 to			1	to			
2 to			2	to			
3 to			3	to			
4 to			4	to			
5 to			5	to			
6 to			6	to			

Note: Requests must be received by <u>December 9, 2024</u>. No bid will be accepted by hand receipt or in the claims box they must be mailed to the address listed on the form.

7. _____ to ____

8. _____ to _____

9. _____ to ____

10. _____ to ____

7. _____ to _____

8. _____ to ____

9. _____ to _____

10. _____ to ____

_			Fourth Choice or split		wks -
1	to		1	to	
2	to		2	to	
3	to		3	to	
4	to		4	to	
5	to		5	to	
6	to		6	to	
7	to		7	to	
8	to		8	to	
9	to		9	to	
10	to		10	to	
	to				
Fifth choice or	split	wks			
2	to				
3	to				
4	to				
5	to				
6	to				
7	to				
8	to				
9	to				
10	to				
Employee Sigr	nature				