

VACATION PLANNING REQUEST FORM

COMPLETE AND SUBMIT THIS FROM TO STAFF SCHEDULING, AS PER VACATION GUIDELINES

Please print legibly

| Section 1. Employee | | |
|---|-------------------------|---|
| Name (Last name, First Name): | Employee ID#: | Date: (DD/ MM/YYYY) |
| Site/Facility: | Unit/Department: | |
| Collective Agreement: <input type="checkbox"/> NBA (BCNU) <input type="checkbox"/> FBA (HEU) <input type="checkbox"/> CBA (HEU) <input type="checkbox"/> HSPBA (HSA) | Occupation: | Status: <input type="checkbox"/> FT <input type="checkbox"/> PT |

| | | |
|--|-----------|----------------------|
| <input type="checkbox"/> 1st Choice <input type="checkbox"/> 2nd Choice (1 st and 2 nd choice must be a consecutive block of shifts) | | |
| Start Date: | End Date: | Return to Work Date: |
| Total # of Days: | Comments: | |

| ALTERNATE DATES | | | |
|-----------------|-----------|----------------------|------------------|
| Alternate #1: | | | |
| Start Date: | End Date: | Return to Work Date: | Total # of Days: |
| Alternate #2: | | | |
| Start Date | End Date: | Return to Work Date: | Total # of Days: |
| Comments: | | | |

| Please read and acknowledge the statement below: | |
|---|-------|
| I understand if I do not submit alternate dates, I will be assigned vacation from my primary choice as a consecutive block with dates <i>not</i> at quota. By submitting alternate dates, I understand if my primary choice is at quota I will be assigned vacation from my alternate choice(s). I will be assigned the majority (more than 50%) of dates available as a consecutive block. | |
| Employee Signature: | Date: |

| | | |
|--|-----------|----------------------|
| <input type="checkbox"/> 3rd choice (3 rd choice can be blocks of shifts or single dates) | | |
| Start Date: | End Date: | Return to Work Date: |
| Start Date: | End Date: | Return to Work Date: |
| Start Date: | End Date: | Return to Work Date: |
| Start Date: | End Date: | Return to Work Date: |
| Single Dates: | | |
| Total # of Days: | Comments: | |

| Section 2. Staff Scheduling | | |
|--|-----------------|------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Approved Dates: | Total # of Days: |
| Approved by: | | Date: |
| Comments: | | |