



VACATION REQUEST FORM

COMPLETE and Return before your vacation appointment date

EMAIL to: tostryzniuk@hsc.mb.ca or FAX: 787-2823

Appointments will start on or after Feb 15th (appointment will be done via phone call @ 787-3055) Request for appointment dates will be sent out early February and will be done in order of seniority.

NAME:

\_\_\_\_\_

Vacation appointment Date is:

\_\_\_\_\_

ENTITLEMENT WEEKS:

See Vacation entitlement list

\_\_\_\_\_

BONUS (SUPPLEMENTAL) WEEK:

\_\_\_\_\_

Please check the Vacation Planner on the Regional Server frequently during the vacation planning process so that if the weeks you wish to choose are scheduled by other employees before your appointment you can come prepared with other weeks as your choices.

Remember to choose your vacation in blocks of weeks based on the weeks you wish to be away from the Centre and not according to the master rotation as the master rotation may be subject to change especially during vacation periods and Christmas or upon sufficient notice.

Please note that if you choose to have the weekend before your vacation off work as per Article 2101 that does not mean that you are entitled to two additional days of vacation. Any shifts that would have been scheduled on those days will be re-scheduled to other times within the posted hours. (not applicable to Database program since we do not schedule weekend shifts).

A vacation week is booked for seven consecutive days. This equals one calendar week of vacation

VACATION REQUEST Please use dropdown list. Complete & submit electronically

Table with 7 columns: Request in order starting, # of days, Start-DAY of week, Start DATE, End -DAY of week, End DATE, Comment. Rows include Wk 1-6, BONUS days, BANK days, and TOTAL days.

Regional Database Program, more information go to: http://ccmdb.kuality.ca/index.php/Category:Vacation

During vacation planning appointment, if you will be away from the Centre at any time between February 15th through March 31st, please ensure you discuss your vacation options with your Manager before you leave and provide a contact telephone number where you can be reached during this time.

This will confirm that I am delegating \_\_\_\_\_ to schedule my vacation as per my instructions to him/her. I understand that the Centre is not responsible for misunderstandings between my delegate and I, and the weeks chosen for me by him/her and approved by my Manager will be considered to be my approved vacation.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_
Delegate's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_
Manager Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_