ADMINISTRATIVE PROCEDURES C-HR11-P1

Employee Vacation

APPROVALS:

Related Policy:	C-HR11 Employee Vacation	CAO	_____
Prepared By:	Human Resources	General Manager	_____
Effective Date:		Manager	_____
Previous Revision Date:	March 30, 2011 (HR11-P1);	LAS Review Date:	March 2, 2016
	July 1, 2007 (HR 2011)	Function:	Personnel

PURPOSE

To assist employees with planning and scheduling vacation leaves.

ACTION STEPS

1. **Illness or Accidental Injury during Vacation**

   a. If an employee becomes ill or is injured while on authorized Vacation Leave, they may use sick leave credits in place of Vacation Credits if they provide evidence of a minimum three-day hospitalization; and/or restricted bed rest ordered by a physician.

   b. If an employee becomes ill or is injured prior to the commencement of authorized scheduled Vacation Leave and provides appropriate medical evidence, they may use sick leave credits if the illness continues into the vacation period. In this event the vacation can be canceled and rescheduled if desired.

   c. Vacation Credits are not intended to be used as a substitute for sick leave.

2. **Scheduling of Vacation**

   a. Employees will plan and schedule their vacation annually and will request approval from their Supervisor, Manager or General Manager/Chief Financial Officer (CFO) well in advance of their vacation.

   b. Employees will give consideration to the Christmas office closure when scheduling vacation.

   c. Requests for Vacation Leave will be granted subject to operational needs and staffing requirements.

   d. If agreement cannot be reached between employee and employer as to when Vacation Leave is to be taken, then the employer shall determine when the Vacation Leave is to be taken and shall advise the employee.

3. **Payment in Lieu of Vacation**

   a. Employees must make requests for payment in lieu of vacation by completing the Vacation Action Plan form (see Schedule "A" of this procedure) and will require the authorization of the General Manager/CFO (Chief Administrative Officer when applicable).

   b. On separation of employment, any unused vacation will be paid to the employee at the applicable regular rate of pay.

   c. In case of death, payment will be made to the beneficiary or estate.

RESPONSIBILITY

All Supervisors are responsible for managing vacation leave requests while considering operational needs and staffing requirements. It is also their responsibility to ensure that employees maintain their Vacation Bank at or below their annual Vacation Entitlement plus five (5) days or three (3) shifts for ECC.

Employees are responsible for planning and scheduling their vacation leave annually and requesting approval from their Supervisor well in advance of their vacation. It is also employees' responsibility on their Vacation Anniversary Date to ensure their Vacation Bank is at or below their annual Vacation Entitlement plus five (5) days or three (3) shifts for ECC.

Human Resources are responsible for overseeing this procedure.

Payroll is responsible for administering the Vacation Bank.

Schedule A

Vacation Action Plan

I _____ (please print) propose the following to ensure that my excess vacation hours will be depleted by my next anniversary date.

Please forward this completed form to Payroll

A. **Use Vacation Hours** (*Council Policy C-HR11, Vacation Accrual 3.c.*)

_____ _____x_____ = _____   _____ _____x_____ = _____
    Date(s)   (# days x hrs./day = hrs. used)   **Date(s)**   (# days x hrs./day = hrs. used)

_____ _____x_____ = _____   _____ _____x_____ = _____
    Date(s)   (# days x hrs./day = hrs. used)   **Date(s)**   (# days x hrs./day = hrs. used)

B. **Carryover of Vacation Credits** *(Council Policy C-HR11, Vacation Accrual 3.d.)*

Reason for request: _____

_____

C. **Request for Payment in Lieu of Vacation** (*Administrative Directive A-HR11, Vacation Accrual 3.e.*)

- *Only after options A & B have been considered*
- *requires CAO approval*   _____ _____

                                          CAO signature   **Date**

I will use at least two (2) weeks of vacation in this anniversary year (see Option A. above)

Must provide specific reason for request: _____

_____

EXCESS HOURS (from current pay stub):   ___ ___ ___.___ ___

less Hours Used (A):   ___ ___ ___.___ ___

less Hours Carried Forward (B):   ___ ___ ___.___ ___

less Hours Paid Out (C):   ___ ___ ___.___ ___

REMAINDER: ___ ___ ___.___ ___

_____ _____   _____ _____
    Employee Signature   **Date**   **Supervisor Signature**   **Date**

_____ _____   _____ _____
    Manager Signature   **Date**   **General Manager Signature**   **Date**