West Central Abilities Inc.
Employee Vacation Request Form

As per Agency Vacation Policy

Employee vacation requests must be submitted to the employee's immediate Manager/Supervisor at least two (2) weeks before the requested vacation period is to commence. Requests without a minimum of 2 weeks prior notice will not be approved.

It is the employee's responsibility to ensure their request is received by their out-of-scope manager/supervisor or in the manager's/supervisor's absence they must submit their vacation request in person to the Office Administrator, at least two (2) weeks prior to the period the vacation is to commence. Failure to submit and be received by management personnel is a failure to provide 2 weeks prior notice.

Earned vacation leave may only be taken at a time approved by the employee's immediate out-of-scope manager/supervisor. The Employer reserves the right to schedule an employee's vacation during facility shutdowns.

> ➢ Employee completes Section 1. and ensures request is received by management personnel on time.
> ➢ Management completes Section 2. and submits to Office Administrator.
> ➢ Office Administrator completes Section 3. and returns to the Manager/Supervisor.
> ➢ The Manager/Supervisor will complete Section 4. and 5.
> ➢ Approved requests are signed by the Manager/Supervisor or the Program Coordinator and submited with the corresponding timesheet.

1. I _____, **request the following vacation period:**

   Commencing first day off: _____

   Ending last day off: _____ **as earned vacation time. If known, please indicate the number of shifts being requested as vacation time:** _____.

Date Request Submitted:	Employee submitting vacation request with a minimum 2 weeks prior notice:		
Day/Month/Year	*Signature*		

2.

Date Request Received:	Management personnel receiving request with at least 2 weeks prior notice:		
Day/Month/Year	*Signature*		

3.

Date of Verifying Time:	Office Administrator:	Verified Vacation Time	Verified Vacation Remaining
Day/Month/Year	*Signature*		

4.

Date:	Relief coverage:	Date:	Relief coverage:

5.   Vacation Time: ☐ **APPROVED**   ☐ **DENIED**

Manager/Supervisor: _____   **Date:** _____

Once all sections of this form have been completed, the employee's immediate out-of-scope Manager/Supervisor will submit the completed and signed Vacation Request Form in with the employee's corresponding timesheet.

Management personnel:

Do not submit late requests - late submissions will not be approved.