

VACATION PLANNING REQUEST FORM

COMPLETE AND SUBMIT THIS FORM TO PEOPLE STAFFING, AS PER VACATION GUIDELINES

PLEASE PRINT LEGIBLY ON FORM

SECTION 1. EMPLOYEE			
NAME (LAST NAME, FIRST NAME):		EMPLOYEE ID:	DATE:
SITE/FACILITY:		UNIT/DEPARTMENT:	
COLLECTIVE AGREEMENT: <input type="checkbox"/> NBA <input type="checkbox"/> FBA <input type="checkbox"/> CBA <input type="checkbox"/> HSPBA		OCCUPATION:	STATUS: <input type="checkbox"/> FT <input type="checkbox"/> PT
<input type="checkbox"/> 1 ST CHOICE <input type="checkbox"/> 2 ND CHOICE (1 ST AND 2 ND CHOICE MUST BE A CONSECUTIVE BLOCK OF SHIFTS)			
START DATE:		END DATE:	RETURN TO WORK DATE:
TOTAL # OF SHIFTS:	COMMENTS:		
ALTERNATE #1:			
START DATE:		END DATE:	RETURN TO WORK DATE:
		TOTAL # OF SHIFTS:	
ALTERNATE #2:			
START DATE:		END DATE:	RETURN TO WORK DATE:
		TOTAL # OF SHIFTS:	
<input type="checkbox"/> 3 RD 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:
SINGLE DATES:			
TOTAL # OF SHIFTS:	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 SHIFTS NOT AT QUOTA. BY SUBMITTING ALTERNATE DATES, I UNDERSTAND IF SHIFTS FROM MY PRIMARY CHOICE ARE AT QUOTA, I WILL BE ASSIGNED MY ALTERNATE CHOICE OR I WILL BE ASSIGNED THE GREATEST NUMBER OF DATES AVAILABLE AS A CONSECUTIVE BLOCK. I UNDERSTAND IT IS MY RESPONSIBILITY TO REFER TO MY ENTITLEMENT AND TO MONITOR MY VACATION BANKS THROUGHOUT THE YEAR.			
EMPLOYEE SIGNATURE:			DATE:
SECTION 2. MANAGER			
MANAGER NAME:		SIGNATURE:	DATE:
SECTION 3. PEOPLE STAFFING			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	APPROVED DATES:		TOTAL # OF SHIFTS:
APPROVED BY:		DATE:	ENTERED BY:
		DATE:	
COMMENTS:			