

APPENDIX G – OTBS VACATION REQUEST FORM

Name: _____ Site/Dept: _____

Please be aware that, based on current contract language (See Article XI of the BHEA-OTBS contract), if you wish to request any vacations of more than three (3) consecutive days, you must submit a request at least 30 days in advance.

11.1 SCHEDULING: Vacations shall be scheduled at times requested by bargaining-unit members in so far as possible within the District's work requirements. Normally vacations will be scheduled when school is not in session. If there is any conflict between unit members who are working on the same or similar operations as to when vacations shall be taken, the unit member with the greatest bargaining unit seniority shall be given his/her preference. Requests for vacations of more than three (3) consecutive days in length shall be submitted to the unit member's direct supervisor at least thirty (30) days in advance.

If an emergency situation arises, submit requests for vacation of any length at any time, knowing that such requests may be approved or denied at the sole discretion of the District

Note that "consecutive days" are defined as successive work days, regardless of whether such days are interrupted by weekends, holidays, or other such days when schools are closed and BHEA-OTBS unit members are not required to report to work.

My personal records reflect that I have _____ days of vacation time accrued as of today's date and that I accrue an additional _____ days of vacation time per month.

_____ I hereby request the following vacations of more than three (3) consecutive days scheduled at least 30 days from now, as listed below

_____ I hereby request the following vacation(s) of three (3) or fewer consecutive days, as listed below

_____ I hereby request the following vacation outside of the above timelines because of an emergency situation as listed below. I have described the emergency in the comments section, and I have attached additional documentation to support my need for emergency vacation leave.

Dates Requested	Number of Days Requested

Comments (optional):

Employee signature _____ Date _____

Supervisor Approval of Requested Dates _____ Date _____

After supervisor approval is given, please make a copy for your records and submit this form to the school site timekeeper according to the timelines above.

Revised: 10-15-15