



CUPE Staff Vacation Request

AMENDMENT
Please check if
amending original
submission

Please refer to Article 14.0 of the CUPE/VCC Collective Agreement

Date _____ Campus _____

Name _____ Department _____

ID Number _____ Vacation Entitlement (hr) _____

Accumulated Carry Over (hr) _____ Vacation Taken (hr) _____

Compressed Work Week (Y/N) _____

Compressed Work Days During
Time Requested (dd/mm/yy) _____

From:	To: Inclusive	Vacation (hr)	Service (hr)	Gratuity (hr)	Overtime (hr)
Total					

Comments _____

Department Head/Supervisor _____ Date _____

Instructions:

EMPLOYEE: Complete form and forward to Supervisor for approval and signature

SUPERVISOR: When approved, copy to Dean/Director/Registrar (for information only) and return completed form to Employee.

Holidays may be taken based on seniority, provided your request for the year is received by March 31 of each calendar year.