

**UFCC FORM****ANNUAL VACATION REQUEST****Umbrella Family
and Child Centres
of Hamilton***Please complete all relevant fields on this form.*

Please complete and return this vacation request, indicating your preferred vacation time for the coming year. Requests submitted by the first working day after Winter Break each calendar year will be approved by seniority. Approval by seniority will be given for the first two weeks requested and only for full week blocks. Additional weeks will be approved once all staff requests have been considered and if coverage is available, as will single days. Any requests submitted after the first working day after Winter Break each calendar year will be considered on a first-come, first-served basis. A maximum of 3 weeks can be booked during Summer Break. As per Article 44.01, Satellite Centre employees may be called to work on non-instructional days. Please consider this as you book your vacation time.

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Full Name

Seniority Date

Centre

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Phone #

Email

VACATION DATES REQUESTED - List dates in order of priority. You may book a maximum of 2 weeks consecutively.**APPROVED?**

1	Dates inclusive from: _____ <small>(max. 2 wks)</small>	to	_____	TOTAL HRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(DD/MM/YY)		(DD/MM/YY)		
2	Dates inclusive from: _____ <small>(max. 2 wks)</small>	to	_____	TOTAL HRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(DD/MM/YY)		(DD/MM/YY)		
3	Dates inclusive from: _____ <small>(max. 2 wks)</small>	to	_____	TOTAL HRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(DD/MM/YY)		(DD/MM/YY)		
4	Dates inclusive from: _____ <small>(max. 2 wks)</small>	to	_____	TOTAL HRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(DD/MM/YY)		(DD/MM/YY)		
5	Dates inclusive from: _____ <small>(max. 2 wks)</small>	to	_____	TOTAL HRS	<input type="checkbox"/> YES <input type="checkbox"/> NO
	(DD/MM/YY)		(DD/MM/YY)		

SUPERVISOR'S NOTES

Please indicate requested dates for single vacation days, if applicable. Single vacation days will be granted after consideration has been given for all employees who have requested full weeks. A maximum of five single days may be requested in July and August while another maximum of five days may be requested at other times throughout the same vacation year. Please indicate the dates you will request off due to religious holidays (give approximate date or time frame if the exact date is not yet determined)

SINGLE DAY REQUESTS (JULY & AUGUST):

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(DD/MM/YY) (DD/MM/YY) (DD/MM/YY) (DD/MM/YY) (DD/MM/YY)

SINGLE DAY REQUESTS (JAN - JUNE & SEPT - DEC):

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
(DD/MM/YY) (DD/MM/YY) (DD/MM/YY) (DD/MM/YY) (DD/MM/YY)

Employee Signature:	Date:
Supervisor Signature	Date Received:

Last Revision Approved: December, 2023**Date of Next Review:** December, 2024