

Section/Number: Leave Management–014	Approval Date: (DD/MM/YY)
Subject: Vacation Travel Leave	Amendment Dates:
<p>Policy</p> <p>The Community Government provides employees with Vacation Travel Leave as described in this policy.</p>	
<p>Definitions</p> <p>N/A</p>	
<p>Guidelines</p> <ol style="list-style-type: none"> 1. Vacation Travel Leave will not be granted within the first six months of employment. <ol style="list-style-type: none"> 1.1. An eligible employee is entitled to receive up to two (2) days of paid Vacation Travel Leave per year for vacation travel. 2. Vacation Travel Leave must be used in conjunction with Annual Leave and cannot be accrued from one year to the next. 3. An eligible employee may be granted Vacation Travel Leave when an equal or greater number of Annual Leave days has been requested in conjunction with the Vacation Travel Leave (i.e. an employee must use at least two Annual Leave Days in order to receive two Vacation Leave Days). 4. An eligible employee will apply for Vacation Travel Leave along with his/her application for Annual Leave. <ol style="list-style-type: none"> 4.1. The number of Vacation Travel Leave days must be equal to or less than the number of Annual Leave days. 5. The employee's supervisor will review the application and verify the entitlement and leave credits with the employee responsible for leave records 6. The Senior Administrative Officer will approve, change, reduce or deny the request based on the recommendation of the supervisor. <ol style="list-style-type: none"> 6.1. If the request is approved, the employee will be notified and the Application Leave Form placed on the employee's Personnel File. 6.2. If the request is changed, reduced or denied, the ED or his/her designate will notify the employee in writing. 	

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Community Government Name

Attachments
Sample Leave Form
References
N/A

Sample Leave Form

Leave of Absence Request Form

Employee Name: _____

Date: _____

Type of Leave Requested: _____

Start Date/Time of Leave: _____

Return to Work Date/Time: _____

Verification of Leave Credits: _____

Employee Signature: _____

Supervisor Signature: _____

Senior Administrative Officer Approval: _____

(If leave is denied, Senior Administrative Officer will advise in writing.)