

VACATION DAYS REQUEST FORM

Regional Support Center 131 Drumlin Ct., Newark, NY 14513

In accordance with Policy 5306, Vacation: Certified, Educators' Association Employees

- Twelve-month and eleven-month certified, *Educators' Association Employees (Groups III and IV)* are entitled to twenty (20) days of vacation to be used during their first, and each subsequent year of employment, pro-rated if less than the full 12 months are worked.
 - a)The work year shall be July 1 through June 30.
 - b)Pro-rated means 1.67 days earned per full month worked. If fewer than half the workdays in a month have been worked, no vacation shall be credited for vacation purposes.
 - c)If upon leaving the employment of the BOCES the employee has used more than 1.67 days per month in the current fiscal year, over use of vacation time shall exist and the employee shall reimburse the BOCES for such time.
- 2) Any 12-month certified, Educators' Association employee employed prior to July 1, 1986 and who did not take vacation during the first year of employment shall retain the right to use those vacation days as agreed to by the Superintendent. If unused days exist at the time of resignation, retirement, or termination from the district, the employee shall be reimbursed for those days at their daily rate at the time of separation. Other than those vacation days specified in the previous sentence, there will be no payment for unused vacation or accrued vacation time upon termination, resignation or retirement except as may be pro rated for time within the final year of employment.
- 3) Vacation shall be applied for in advance on a form for approval by the immediate supervisor.
- 4) If a holiday occurs during a scheduled vacation period, the certified, Educators' Association employee shall be entitled to an additional day off with pay at a time mutually agreeable between the BOCES and the employee.

Employee Name:					Date of	
					Request:	
Department:						
Day(s) Requested: []	Monday	[] Tuesday	[] Wednesday	[] Thursday	[] Friday	
Specific Date(s):						
Employee Signature:					Date:	
Approved By:					Date:	