

EARLY LEARNING COALITION OF OSCEOLA COUNTY

VACATION TIME

ITEM: 206C.62

EFFECTIVE DATE: 3-23-06

REVISED: 08-14-2017

Page 1 of 1

POLICY STATEMENT

Vacation time is available to eligible employees to provide opportunities for rest, relaxation, recuperation, and/or personal pursuits. The scheduling of vacation time must receive approval from the Executive Director. Requests will be reviewed based on a number of factors, including Coalition business needs and staffing requirements.

PROCEDURE

In planning for a vacation, the employee must consult their direct supervisor. Every effort will be made to accommodate each employee's requested vacation schedule, but cooperation will be needed to ensure a smooth workflow. Employees may begin to use vacation leave after their introductory period. Vacation leave begins to accrue from the date of employment.

Employees will not be allowed to accrue vacation time in excess of the amount earned in an eighteen (18) month period. Each employee is required to utilize at least one week continuous leave during each fiscal year. An employee will be paid for unused vacation time if laid off, terminated from the Coalition or if the employee leaves voluntarily. Vacation leave time cannot be used to extend the termination date. In case of death, payment for unused vacation time shall be made to the employee's beneficiary, estate, or as provided by law.

No employee shall be paid vacation pay while still employed with the Coalition in lieu of taking vacation time unless it benefits the Coalition and is approved by the Executive Director or Coalition Chair or Treasurer.

Vacation leave begins to accrue on the first day of employment and the employee may begin using their vacation time on the first day of the month following thirty (30) days of employment as follows:

<u>LENGTH OF SERVICE</u>	<u>ACCRUAL PER PAY PERIOD</u>	
	40 HOUR	35 HOUR
0 to 5 yrs.	3.08 hrs.	2.69 hrs.
5 to 10 yrs.	4.62 hrs.	4.04 hrs.
10 yrs. & over	6.15 hrs.	5.38 hrs.

PARTIES AFFECTED

Current Coalition employees

ASSOCIATED DOCUMENTS / FORMS

Leave Request Form



Early Learning Coalition of Osceola County LEAVE REQUEST FORM

ALL REQUESTS ARE SUBJECT TO APPROVAL

Employee Name: _____ Date: _____

Type of Leave Requested

Time must be accrued for Vacation and Personal Leave. Check each that apply:

- Vacation
 Personal
 Floating Holiday
 Family*
 Medical*

Total Number of Days/Hours Requested

_____ Number of Days

_____ Number of Hours: ____:____ am/pm to ____:____ am/pm
(circle one) (circle one)

Start Date of Leave ____/____/____ End Date of Leave: ____/____/____

Comments (OPTIONAL – may be used in overall consideration of leave approval; use back of form as needed)

FAMILY AND MEDICAL LEAVE

Complete this section for Family and/or Medical Leave ONLY

Paid Leave Type

Please note time must be accrued to be eligible. Please check each that apply:

- Vacation
 Personal
 Sick

If extended paid leave will be used, in what order will paid leave be exhausted? Please explain:

* A medical certification is required for medical/family leaves of absence. The health care provider's certification will be forwarded to the employee when applicable. Refer to the Family/Medical Leave of Absence Policy for further certification and reporting requirements.

ACKNOWLEDGEMENT:

I understand that if I do not return from my leave of absence at the expiration of this leave, unless an exemption has been approved in advance, my employment may be terminated.

Employee's Signature: _____ Date: _____

Approved: _____ Date: _____