

EXTENSION OF ANNUAL VACATION (SUPPORT STAFF)

SECTION I: Identification

Name of Employee: _____

Before **April 15** of each year an employee who holds a daycare service or special education position and who wishes to use her/his vacation to delay or avoid a temporary layoff or to anticipate her/his return to work after a temporary layoff (article 5-6.05 B) must use the present form.

SECTION II: Choice of annual vacation

Here is my annual vacation selection:

	FROM (yyyy-mm-dd)	TO (yyyy-mm-dd)	TOTAL
1.			
2.			
3.			
4.			
5.			
TOTAL			0,00

Signature of Employee

Date

SECTION III: Deadline

SUPPORT STAFF EMPLOYEES ARE TO SUBMIT THEIR CHOICE TO THEIR IMMEDIATE SUPERVISOR BEFORE APRIL 15th, OF EACH YEAR.

SECTION IV: Approval of the immediate supervisor

The employee's selection of vacation is accepted by the immediate supervisor.

Signature of Immediate Supervisor

Date

Please send this form signed by the immediate supervisor to the following email address: absences@csdulittoral.qc.ca