

VACATION APPROVAL

Part 1: To be completed by Employee

Print Full Name: _____ Center: _____

Date(s) of Vacation Request: _____

As per Imagine's Vacation Time Policy as stated in the Employee Handbook, "All employees must plan accordingly when scheduling vacation time off due to the Director's authority to deny an employee's vacation based on the coverage needs of the center. Employees must always get their Directors approval for vacation paid time off in written notification prior to making vacation arrangements. Vacation paid time off may not be taken for more than two (2) weeks at a time, without approval from the Senior Management Team. It is best practice that (i) staff not be absent simultaneously with a co-teacher, (ii) during the first days of school, or (iii) during Center special occasions such as Recognition Day, Preschool Graduations and Family events; continuous absences on these days may lead to corrective action. The Director will attempt to meet the wishes of all employees as to scheduling. IMAGINE reserves the right not to approve a request for vacation time off if it will interfere with IMAGINE's operations or adversely affect coverage of job and staff requirements. In the event of conflicts, the decision is at the discretion of the Director." and, as per

Imagine's Staff Development and Conference Days Policy as stated in the Employee Handbook, "Mandatory attendance by all employees is required for all IMAGINE general staff meetings, two (2) annual conferences, and prep days scheduled for staff development. Failure to attend will result in corrective action."

I have read and understand Imagine's Vacation Time and Staff Development and Conference Days Policies above. I understand that if my request is granted to be out of work for any of the inclusive reasons listed above in both Policies (including partial day absences), this is a one-time approval. Therefore, I understand that I must abide by both Policies stated above and I will not be granted any future approvals for vacation time requests that do not adhere to these Policies.

Employee Signature: _____ Date: _____

Part 2: To be completed by Director

Your request is approved for the following date(s) requested and hours (for partial days):

Director Signature: _____ Date: _____

HR Director Signature: _____ Date: _____