

## 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.			
<b>TOTAL</b>			

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

### SECTION III: Deadline

**SUPPORT STAFF EMPLOYEES ARE TO SUBMIT THEIR CHOICE TO THEIR IMMEDIATE SUPERVISOR BEFORE APRIL 15<sup>th</sup> 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@cssdulittoral.gouv.qc.ca](mailto:absences@cssdulittoral.gouv.qc.ca)