

**VACATION CANCELLATION REQUEST TO STANDING COMMITTEE**

Workers requesting cancellation of vacation in a given vacation period due to illness must apply to Standing Committee.

>>>> VACATION PERIOD IS MAY 1 - APRIL 30 <<<<

Cancellation will be approved using the following methods:

- (1) A worker off four (4) months may cancel 1/3 of existing vacation allotment.
- (2) A worker off more than four (4) months will have vacation cancelled as a fraction of time on illness over four (4) months.

Example: 4 months -- 1/3 of holiday allotment  
5 " -- 5/12 of " "  
6 " -- 1/2 of " "  
7 " -- 7/12 of " "  
etc. ....

- (3) For the purpose of calculating cancelled vacations only full months will be considered.

Example: 4 months and 2 weeks = 4 months  
6 months and 3 weeks = 6 months

I was off on WI ( ) / LTD ( ) - from ( ) to ( ).

I am entitled to ( ) hours regular vacation per year.

I would like to cancel ( ) hours of my Year: ( ) Vacation.

NAME: ( ) DEPARTMENT: ( )

DATED: ( ) Work Phone No. ( ) Home Phone No. ( )

I.R. APPROVAL: ( ) T.O. APPROVAL: ( )

UNION APPROVAL: (Must be signed by 2 STANDING COMMITTEE MEMBERS )  
( ) and ( )

cc: UNION OFFICE / TIME OFFICE / DEPARTMENT SECRETARY