

St. Clair County Community Mental Health
Vacation Cap Variance Request

Staff: _____

Date: _____

Request Details:

Reason(s) for Variance Request: (check all that apply)

- ☐ Vacation requested & denied due to project deadline.
☐ Vacation requested & denied due to other staff vacation schedules
☐ Union contract implementation with increased vacation allotments.
☐ Other: _____

Number of vacation hours requested to carry over: _____

Approval of this request will result in my vacation bank going to approximately _____ hours.

My Anniversary Date: _____

I plan to use my carry forward of vacation hours by the following date: _____.

Note: Article 28, section 3 of the Local 3385 Union Contract states the following:

"The Agency shall have exclusive rights to waive the maximum limit for a reasonable period not to exceed six (6) months in the event an employee fails to schedule vacation usage that would bring them back into compliance during the variance period, the time over the maximum will be forfeited."

By signing below, I understand that if I fail to use my extra time within the specified time frame above, then those hours will be lost.

Staff Signature

Print Name

Date

Recommendations & Final Decision

Supervisor Recommendation: ☐ Approve ☐ Deny (please provide rationale below)

Rationale: _____

Supervisor Signature

Print Name

Date

Director Recommendation: ☐ Approve ☐ Deny (please provide rationale below)

Rationale: _____

Director Signature

Print Name

Date

Chief Executive Officer/Chief Operating Officer Decision: ☐ Approved ☐ Denied (please provide rationale below)

Rationale: _____

CEO/COO Signature

Print Name

Date