



**ALLEGHENY EAST CONFERENCE CORPORATION**  
of Seventh-day Adventists®

**EMPLOYEE LEAVE REQUEST**  
Human Resources

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

**INFORMATION**

Leave Code	Leave Type
12	<b>Sick Leave (Personal or Family Injury/Illness)</b> <i>Attach Doctor's Certificate if over 3 consecutive days.</i>
13	<b>Annual Leave (Vacation)</b>
14	<b>FMLA Request Packet</b> <i>Include Doctor's Certificate.</i>
18	<b>Bereavement/Compassionate Leave</b> <i>Must indicate family relationship to employee in "Detail" section.</i>
20	<b>Leave Without Pay</b> <i>Attach letter of request indicating reason required.</i>
22	<b>Caretaker's Leave</b> <i>Attach Doctor's Certificate if over 3 consecutive days. Indicate family relationship to employee in "Detail" section.</i>
23	<b>Administrative</b>
24	<b>Other Type of Personal Leave</b> <i>Please specify in "Details" section. Specify Court Attendance if applicable. Please note some form of evidence may be required.</i>
26	<b>Paid Maternity Leave</b> <i>Attach Doctor's Certificate and a letter of request.</i>
27	<b>Unpaid Maternity Leave</b> <i>Attach Doctor's Certificate and a letter of request.</i>
28	<b>Paternity/Partner Leave</b> <i>Attach Doctor's Certificate or Statutory Declaration.</i>

Leave Code	Inclusive Period		Leave Requested	Unused Leave Available
	From	To		

**DETAILS** Must be completed for Bereavement/Compassionate Leave #18, Leave Without Pay #20 and Caretaker's Leave #22.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPROVALS**

**For HR Approval Use Only.**  
Please check the appropriate box

**Approved**

**Not Approved**

Department Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Department Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Human Resources Approval \_\_\_\_\_

Date \_\_\_\_\_

Revised 04/27/2009

**VACATION INFORMATION** Please read carefully and refer questions to your Employee Benefits Specialist.

**Vacations**

1. Annual vacation with pay shall be provided for regular denominational employees and may be accrued and calculated on the following basis:

<b>TIME OF SERVICE</b>	<b>PER YEAR OF FULL TIME</b>	<b>ACCRUED PER 38 HOUR WEEK</b>
During the first four year period	2 Weeks	1.4575 hours
During next five Year period	3 Weeks	2.1863 hours
After nine years	4 Weeks	2.9151 hours

- 2. A normal work week differing from the 38 hours will require a recalculation of the accrual time rate.
- 3. Regular part-time employees shall accrue vacation time on a prorated basis. The rate of vacation time accrued shall be on the basis of years full time equivalency.
- 4. Service for vacation accrual purposes shall include days worked, approved sick time, holidays and vacation days.
- 5. Individuals who become denominational employees after several years of experience in a type of work that enhances their ability to function more effectively in their work for the Church may be granted one year toward vacation accrual for each two years of such prior service.

**Maximum Accrual**

Vacation time may only be earned and accumulated from year to year up to a maximum of 150% of the annual vacation entitlement including current year accruals. However, an employee shall be allowed to accrue more than the maximum if the employer is unable to grant vacation at the time the employee reaches the maximum inclusive of vacation time for the current year.

**Use of Vacation Time**

Vacation time should generally be taken after it is earned. It may be used at such time or times when requested by the employee, approved by the supervisor, and authorized by the proper authority.

**Vacation Request**

A request for vacation should be made in ADVANCE except in emergencies when it is not known that it will be needed. When your responsibilities require you to have more than one supervisor, your vacation slip must be approved by ALL supervisors before it can be approved by the office manager. To leave your post before the proper approval may result in deduction of pay for that time unauthorized.

**Transfers**

When an employee is transferred from one denominational organization to another, accrued vacation time of up to 150% of vacation entitlement including current year accruals, shall be paid in cash by the former employer to the employee at the time of transfer. The accrued amount will be equal to the amount the employee would receive while taking vacation entitlement before the transfer or termination begins.

**Vacation – Carried Over**

Up to two weeks of unused vacation time may be carried over to the next year, however a letter of request to carry the time over must be submitted to the office of the Secretary before the close of the calendar year.

**Vacation Time at Retirement or Termination**

At the time of termination from denominational employment or retirement all accrued but unused vacation time shall be granted. The maximum shall be up to 150% of the annual vacation entitlement, including current year accrual.