

STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT  
POLICIES & PROCEDURES

ARTICLE: C-21  
SECTION: Operations  
DATE: 4/30/2009  
SUPERSEDES: 10/12/1999  
TITLE: LEAVE APPROVAL TIMELINE & CANCELLATION OF LEAVE

The timeline for time off requests for all types of leaves must be properly approved to insure adequate staffing levels. The following will be SCFPD's policy for approval of those requests. It is the employee's responsibility to satisfy these timelines.

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|------------------------|---|
| Vacation/Holiday Leave | Must be approved at least <b>six</b> days prior to time off. Leave authorization must be completed prior to time off. Leave time not adhering to the six day minimum <u>may</u> be granted by the Duty Chief, on a case-by-case basis, with no mandate. |
| Administrative Leave   | Must be approved at least <b>six</b> days prior to time off. Leave authorization must be completed prior to time off.   |
| Sick/FMLA Leave        | Must be approved no later than 0600 hours of duty day or prior to time off. FMLA per Federal/State guidelines. Leave authorization must be completed on <b>first</b> day back to work, prior to starting work duties.                                   |
| Bereavement leave      | <b>Verbal approval</b> * of Duty Chief prior to taking the time off. Submit leave authorization on <b>first</b> day back to work, prior to starting work duties.  |
| All other leaves       | Must be approved <b>prior</b> to actual time off taken. Leave authorization must be completed prior to, or first day back to work, prior to starting work duties.   |

This prior approval is to allow the Duty Chief to verify the family member is eligible under SCFPD policy. Refer to the appropriate SCFPD Employee Memorandum of Understandings, Article X - Bereavement Leave.

**CANCELLING OF APPROVED TIME OFF**

The proper procedure for canceling approved time off shall be as follows: Notify the Duty Chief as soon as possible. A written request to cancel the day off shall be submitted on a SCFPD "Time Off Request" form. The form shall be completed as would any time off request; however,

it must have the word "Cancelled" printed in large, bold letters across the top of the form. The employee canceling the day off must sign this form. Twenty-four (24) hour minimum notice must be given for cancellation of approved Vacation/Holiday leave.

Any cancelled leave eliminating the need for overtime will result in an employee(s) hired to fill that slot being placed back on the overtime list to reflect their position prior to the offer of the overtime.

Written By: Chief Stephen Mayotte

Approved By: \_\_\_\_\_  
Signature

April 30, 2009  
Date