

# CLINICAL SUPPORT SERVICES - VACATION REQUEST GUIDELINES

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- ❖ Please submit all vacation/holiday requests by filling out the **Request for Time Off Form** (below).
- ❖ A reminder that **holidays, including non-MGH holidays and religious holidays, are not guaranteed days off**. Please submit a request form for **any** day off.
- ❖ We cannot grant a vacation that extends across both Thanksgiving & Christmas, or Christmas & New Years.
- ❖ Manager approval is required for all vacations. If you work for more than one manager, approval is needed from both managers.
- ❖ You must have sufficient time available in your ET bank when you submit your request
- ❖ Please do not make travel plans or purchase tickets before you have a request form signed and approved by your manager.
- ❖ When possible, please submit dates for second request in case the first cannot be approved.
- ❖ Please hand deliver or email these requests based on instructions from your Operations Manager.
- ❖ **Reminder: Submitting a time-off request is not a guarantee.** Operations Managers will need to review all requests and approve based on the needs of the unit. Always wait to receive approval before booking any tickets or making any plans.

## ➤ **Peak Vacation Period (Summer)**

- **June 1<sup>st</sup> – Sept 15<sup>th</sup>**
- Maximum possible vacation length during this period is **3 weeks**
  - *This could be one 3-week vacation, or possibly one 2-week and one 1-week vacation*
- Please submit all requests *for this timeframe with a deadline of **April 1<sup>st</sup>***
  - *Requests made after the deadline may still be granted, but are less likely to be approved*

## ➤ **Non-Peak Vacation Period**

- **Sept 16<sup>th</sup> – May 31<sup>st</sup>**
- There is no maximum length for a request during this time period
- Please submit requests with a minimum of 1-timeplan's notice
  - *Requests made after the deadline may still be granted, but are less likely to be approved*
- *Reminder: We cannot grant a vacation that extends across both Thanksgiving & Christmas, or Christmas & New Years.*



MASSACHUSETTS  
GENERAL HOSPITAL

PATIENT CARE SERVICES

# CLINICAL SUPPORT SERVICES REQUEST FOR TIME OFF

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

*I am requesting to use earned-time for dates:*

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RETURNING: \_\_\_\_\_

*If the above date(s) cannot be approved, I am requesting alternative dates of:*

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RETURNING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Signature**

**Date**

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Earned time guidelines:

- ❖ Do not request time off unless you have sufficient time available in your ET bank
- ❖ Do not make arrangements or book travel plans until your request has been approved in writing
- ❖ If you work for more than one manager approval is needed from both managers

\_\_\_APPROVED:

\_\_\_NOT APPROVED:

\_\_\_\_\_

\_\_\_\_\_

**Operations Manager Signature**

**Date**