MADERA UNIFIED SCHOOL DISTRICT
Human Resources Department

VACATION PAYOUT REQUEST

Classified

Pursuant to the **California School Employees Association (CSEA) Article IX, Vacation Plan 9.5 – Vacation Accumulation** states in part *"A maximum of ten (10) vacation days may be accrued and carried over to the following fiscal year after June 30, 2014.*

CSEA Article 9.7.6 states *"Unit members shall be responsible to schedule vacations during the year. A unit member who fails to schedule the use of their vacation entitlement by March 1st of the same year may have vacation time scheduled by the District so that no more than ten (10) vacation days carry over to the following fiscal year. In the event a unit member and the district do not schedule vacation for a unit member, the amount above ten (10) days shall be paid by the district at the end of the fiscal year (so that a maximum of ten (10) vacation days are carried over to the following fiscal year).* Therefore, vacation carryover above ten (10) days will be automatically paid out in July.

Classified Management

Pursuant to the **Madera Unified School District (Board Policy 4362) Vacation/Holidays** states unused vacation benefits may be carried forward from one year to the next. However, the manager may not have a balance of more than 40 days accrued vacation at any time. Each day accrued in access of 40 days will be paid off to the management employee. (This will be paid at the end of the fiscal year.)

Vacation Payout

In the event an employee is requesting a vacation payout due to other circumstances, please complete the bottom of this form. This form must be signed by the immediate supervisor for approval and then forwarded to the Human Resource Manager.

Employee Responsibility

Please keep in mind that employees have a degree of responsibility to track their own vacation usage by accessing their Escape portal and checking vacation balances on the check stub each month. Any discrepancies must be reported to Human Resources immediately.

EMPLOYEE REQUEST

NAME:_____   WORK SITE: _____   SSN#: XXX-XX-_____

☐ I am requesting a vacation payout of_____hours for the following reason: _____

_____

Employee Signature:_____   Date:_____

AUTHORIZATION

Supervisor:_____   Date:_____   ☐ Approved ☐ Denied

Asst. Superintendent of HR:_ _____   Date:_____   ☐ Approved ☐ Denied

Chief Financial Officer:_____   Date:_____   ☐ Approved ☐ Denied