

Manual of Administration

TOPIC: Support Services	SUBJECT: Vacation Proposal Policy	Code: SS208
		Date Of Issue: 10/98
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PURPOSE: To outline the information required when submitting a vacation proposal and follow up requirements for support workers and individuals to ensure a safe, affordable vacation experience.

PROCEDURE: The individual and support worker(s) will complete a vacation proposal form based on the desires of the individual for their vacation experience. **The vacation proposal must be handed in to the manager at least one month prior to the proposed vacation. Final sign off from the Director of Support Services must occur prior to authorization.**

The proposal shall include in detail:

- A. Destination and accommodation of proposed vacation including the: address, phone number and a map if applicable (especially for camping vacations).
- B. Time frame shall include: exact dates of vacation and the estimated departure time and time returning home. If the vacation is more than one day, it may include the times when staff will contact the office with updates (must be agreed upon by Manager/Director).
- C. Hours of work for support worker(s)- each staff will submit a breakdown of the hours of support - hours that will be regular paid hours and hours that will be non-paid (volunteer). The Support Worker will be remunerated for the period of the vacation at the rate prescribed in Schedule "B" (wages) of the Collective Agreement for his/her employment category excepting however that Article 23 (overtime) in total shall not apply and is deemed not to have been violated.
- D. Transportation arrangements will indicate: the method of travel, i.e. bus, plane, car. If the support worker's vehicle is used then staff must provide: licence plate number, make of car, year, and color. Staff must sign off and provide proof of valid drivers licence. Seat belts must be worn, and agency transportation rules adhered to. If using transportation other than commercial or staff's personal vehicle the name of the driver, proof of valid driver's licence, proof of insurance and \$1,000,000 liability must be provided to Avenue II as well as a waiver removing Avenue II and the clients of any responsibility should an accident or damage occur.

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- E. Health Insurance will be purchased if necessary (if not already covered) when staff and individual(s) are going out of the province or the country. This is the responsibility of support staff and the individual and will be purchased at their own expense.
- F. Health and Safety Requirements - It is understood that the support worker will do everything possible to ensure the safety and well being of the individual during the vacation. All required safety equipment will be worn by both the staff and client. if required, ie. life jackets when boating, helmets when biking etc.
- G. Expenses/Costs - A detailed account of expected/proposed expenses is to be included at the time of submitting the vacation proposal. Receipts will be required to be submitted for all expenses incurred in preparation of and during the vacation experience. **Avenue II will not reimburse without receipts.** The Manager will review all monies spent on behalf of the individual.

Receipts for any or all of the following are to be included if costs were incurred during the vacation:

1. Costs of accommodations - hotel, cabin, campsite, etc.. Amount individually paid by individual and staff.
2. Costs associated with transportation - plane, bus ticket or percentage of gas costs paid by individual and staff if using staff vehicle. Avenue II will not provide compensation to the Support Worker in respect to the use of his/her personal vehicle. In the collective agreement, Article 33.01 (kilometric rates) shall not apply and is deemed not to have been violated.
3. Costs of food - this will include all groceries purchased for camping, etc., and restaurant receipts spent by the individual. Avenue II does not reimburse staff for food costs for vacations and that as a result thereof Article 34 (meal allowance), in the Collective Agreement, shall not apply and is deemed not to have been violated.

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4. Costs for sight seeing/activities - this is also to include tickets to any shows or planned scheduled events. Staff to determine with Manager, prior to vacation, if Avenue II will pay any portion of costs.
5. Costs for incidentals for individuals, such as personal care and hygiene products, sun tan lotion, bug repellent, etc. to be predetermined prior to the vacation.
6. All receipts must be submitted to the Manager within 5 working days of return from the vacation.
7. The Manager will be responsible for updating schedules and informing all relevant parties of the time the client will be away from services.

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Vacation Proposal and Memorandum of Understanding

Name(s) _____
 Support Worker(s) _____

Vacation Destination: _____
 Map attached yes/no
 Phone number at destination _____
 Address of destination _____
 Date of Vacation from _____ to _____
 Estimated departure time _____
 Estimated return time _____
 Will staff contact the office/ On Call with updates ___Yes ___No
 When _____
 How ___ text ___ phone ___ email
 Itinerary attached ___Yes ___ No

TRAVEL
 Method of Travel _____
 Transportation Costs _____
 Paid by person who requires support _____
 Paid by support worker _____
 If car, make and model of vehicle and license plate number _____
 If Airplane, flight numbers and time _____

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Vacation Proposal and Memorandum of Understanding

<p>Proposed Hours of work (paid) each day</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Proposed Hours that will be non-paid (volunteer) each day</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*note: There will not be an accrual of any overtime hours.</p>

<p>Expenses Costs:</p> <p>Food: _____ and _____ will split the cost of food at estimated costs *Note: - Avenue II does not reimburse staff for food costs for vacation</p> <p>Accommodations: Costs to person(s) requiring supports: _____</p> <p>Costs to support worker: _____</p> <p>Avenue II will pay staff's cost of \$ _____</p> <p>Activities: estimated costs for sightseeing/activities for staff to accompany clients _____</p> <p>_____</p> <p>Portion of cost Avenue II will pay (if applicable) _____</p>
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Person(s) Supported

Staff Signature

Recommendation for approval

Manager

Authorized by:

Director

Date Submitted:

Date Authorized:

Please list any attachments: