



## DRIVER VACATION REQUEST FORM

Please use this form to submit your request for vacation time off. When doing so, please remember the following Yankee Trails policies:

- 1) Only those Motorcoach Operators that are designated as **Full Time** are eligible for paid time off/vacation requests. Those who *are* Full Time are offered the following:
  - a. If you are employed 1-2 years, you are entitled to 1 week of paid vacation or PTO (paid time off)
  - b. If you are employed 2-10 years, you are entitled to 2 weeks of paid vacation or PTO (paid time off)
  - c. If you are employed 10+ years, you are entitled to 3 weeks of paid vacation or PTO (paid time off)
- 2) Drivers are **prohibited from requesting time off in May, June, September or October**. These tend to be the busiest times of the year for Yankee Trails and unfortunately, we are unable to offer time off during these months.
- 3) Vacations will generally be approved based on a first come/submitted, first served basis, so we recommend submitting your request for review to Dispatch as soon as possible.
- 4) While Dispatch will do whatever they can to approve vacation requests, it is important for our Operators to understand that we may not be able to do so due to the volume of work at the time being requested.

Please fill out the form below, sign and submit to Dispatch, keeping a copy for yourself. If there are any questions about the time you've requested, you will be notified. Otherwise, Dispatch will notify you as to whether or not your request has been APPROVED or DENIED (with an explanation).

Driver Name: \_\_\_\_\_ Request Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver Signature: \_\_\_\_\_ APPROVED DENIED\*

Week 1: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Week 2: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Week 3: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dispatch Signature: \_\_\_\_\_ Approval/Denial Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Reason for Denial: \_\_\_\_\_

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