

**WESTERN NEBRASKA COMMUNITY COLLEGE  
POLICIES AND PROCEDURES**

SECTION: Human Resources           400.0000.14  
SUBSECTION: Administrative/Professional Staff   450.0000.14

*Vacation Leave (Administrative-Salaried)*  
**Policy Number: 450.2000.16**

**POLICY**

Employee Request Process

An employee should submit an electronic request to their supervisor to receive advance authorization for vacation leave. Employee choice is considered, but WNCC reserves the right to schedule vacation time to minimize work disruption. Employees who request vacation leave well in advance will make it easier for supervisors to accommodate vacation choices.

Vacation leave must not be unreasonably denied or deferred. Employees who believe that his/her vacation request has been unreasonably denied or deferred should contact the Human Resources Office.

Accrual

Effective September 1, 2016, full-time administrative salaried employees shall begin earning vacation leave and end earning vacation on the last day of employment, as described in this policy.

Vacation calculation is based upon continuous full-time service of twelve full months of employment. Time worked in excess of thirty-nine (39) hours in the workweek does not affect vacation leave accrual. All full-time administrative—salaried employee vacation rates of accrual shall be calculated as described below:

1. 13.3300 vacation hours per month worked for every full month of service worked with a maximum accrual of 400 vacation hours. Employees will not accrue any additional vacation leave until their balance drops below 400 hours.

Other Vacation Leave Conditions

Employees may check their current vacation balance by reviewing their pay advice or by accessing the WNCC website at <http://www.wncc.net/> and selecting “My WNCC”, and logging into the Employee Portal.

An employee separated from WNCC for any reason will receive pay for unused vacation leave. In the event of death, payment will go to the employee's designated eligible survivor.

**DEFINITIONS**

N/A

**APPLICABILITY**

N/A

**Adoption Date:** 2016

**Revision Date (and Board of Governors’ Minutes Item Number):**

**Prior Policy/Procedure Number:**

**Schedule for Review:**

**Divisions/Department Responsible for Review and Update:**

**Sponsoring Division/Department:**

**Rescinded Date:**

**Cross Reference:**

**Procedure(s) for Policy:**

**Related Policies/References:**