

GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Annual Leave	POLICY NO: AD-HR- 03	Page 1 of 2
RESPONSIBILITY: All Employees		
APPROVED BY: <i>Theresa C. Arriola</i> 6/21/19 THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 5/8/1991	
	LAST REVIEWED/REVISED: JUL 01 2019	

PURPOSE

To establish an internal policy and procedure that is uniform and equitable for the request and approval of annual leave. The opportunity of annual leave usage shall be provided to employees at least annually.

POLICY

- A. GBHWC as a line agency of Government of Guam is guided by the Department of Administration Personnel Rules and Regulations on accrual and granting of leave of absence.
- B. Annual Leave is accrued by employees, for each full bi-weekly worked pay period, in accordance to the total amount of years vested by employment with the Government of Guam.
 - a. Less than five (5) years of service: four (4) hours
 - b. With five (5) but less than fifteen (15) years of service: six (6) hours
 - c. Fifteen (15) years or more of service: One (1) day or eight (8) hours
- C. Annual leave request must be submitted to the employee's supervisor in advance (for work scheduling purposes) unless an emergency arises. Personnel shall complete high priority assignments prior to taking leave, and Supervisors shall ensure the assignments are completed.
- D. Employees are encouraged to keep their annual leave time at four (4) weeks or less due to coverage issues, such as adequate staffing and scheduling for a Behavioral Health setting.
- E. Any leave requests over four (4) weeks will be granted in the following instances, with approval of the Supervisor and the Director:
 - a. Off-island travel
 - b. Medical emergency not covered by sick leave
 - c. Death of immediate family member
 - d. Leave covered by the Family and Medical Leave Act (such as Maternity, Paternity Leave, etc.)
 - e. Military Duty
 - f. Other (such as personal, legal or civic matter)
- F. Employees who take leave without prior approval from their Supervisor or the Director shall be placed on unauthorized leave without pay status. Repeated unauthorized absences may be grounds for disciplinary action.

PROCEDURE

1. The employee shall communicate the request of their leave by speaking directly to their supervisor or phone call with their Supervisor.
2. Annual leave will be requested for approval, using the leave application form, to the Employee's Supervisor in advance with the following schedule:
 - a. Request at least 4 hours or less: in the equivalent time as the number of hours being requested.
 - b. Request at least 24 hours in advance: more than 4 hours and up to 8 hours.
 - c. Request at least 1 week in advance: more than 8 hours and up to 40 hours.
 - d. Request at least 4 weeks in advance for more than 40 hours but no more than 4 weeks.
 - e. Reasonable consideration shall be granted for emergency situations.
3. If leave is approved by the Employee's Supervisor, the Employee or their Supervisor will submit their leave form(s) to the Directors Office by the following order:
 - a. For leaves in excess of 40 consecutive hours, the form may be submitted at least 48 hours in advance
 - b. For leaves less than 40 hours, the form may be submitted at least 24 hours in advance.
4. Employees are responsible to attach supportive documents to their leave application form.

REFERENCE(S):

4 GCA CH 4 § 4109. Annual Leave
DOA Personnel Rules and Regulations 8.100 Annual Leave
DOA Personnel Rules and Regulations 8.700 Unauthorized Leave of Absence from Duty

RELATED POLICY (IES):

SUPERSEDES: Annual Leave; ORG-PER-7-1; 05/08/1991; Marilyn L. Wingfield, Ph.D.

ATTACHMENT(S):

Leave Application Form



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

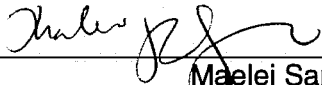

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Annual Leave

Policy No: AD-HR-03

Initiated by: Human Resources

Date	Signature
6/13/2019	
Maelei Sampson Human Resources	
Date	Signature
7/1/19	
Carissa Pangelinan Deputy Director	

GOVERNMENT OF GUAM
LEAVE APPLICATION FORM

NAME (First, Middle, Last)	EMPLOYEE ID NUMBER:	DATE OF REQUEST:
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TYPE OF LEAVE REQUESTED
 ANNUAL SICK LEAVE W/O PAY COMP-TIME OFF TRAINING (LOCAL / OFF-ISLAND) OTHER

LEAVE PERIOD

FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS REQUESTED:
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ADDRESS WHILE ON LEAVE:

APPLICATION FOR PREPAYMENT OF VACATION LEAVE

Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation. I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.

FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
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SICK LEAVE CERTIFICATION

I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS:
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REMARKS:

NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)	SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL
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SIGNATURE OF EMPLOYEE:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
_____ SIGNATURE OF IMMEDIATE SUPERVISOR	_____ SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY