

**INTEGRATED AIR & MISSILE DEFENCE
CENTRE OF EXCELLENCE**

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IAMD COE DIRECTIVE 40-02 Revision 1

IAMD COE STAFF ABSENCE

REFERENCES: A. IAMD COE DIR 40-02 IAMD COE Staff Absence, 17 Aug 2020

1. Status.

This is a Directive's Revision and supersedes Ref. A.

2. Purpose.

To state the policies, responsibilities and procedures for the management and administration of staff absence.

3. Applicability.

This Directive applies to the IAMD COE Staff.

4. Publication Updates.

Updates are authorized when approved by the SC.

5. Proponent.

The proponent for this directive is Director.

FOR THE IAMD COE:

B. Gen (OF-6) Nikolaos MAKRYGIANNIS GRC (AF)
IAMD COE Director

DISTRIBUTION:

Internal:

IKM

IAMD COE Staff via NU Intranet e-Library («Pittacus LAN»)

TABLE OF CONTENTS

SUBJECT	PAGE	PARA
Policy	4	1
Responsibilities	4	2
Procedures	4,5	3

1. Policy.

Absences from work should not have a negative impact on the functional capabilities of the IAMD COE.

1.1 National Military Duty / Training / Exercise / Education. National military duty / training / exercise / education during IAMD COE working hours must be co-ordinated between the SNR and the appropriate IAMD COE Branch / Section Heads.

1.2 Individual Leave. Applications for individual leave will be normally granted as requested and co-ordinated.

1.3 IAMD COE and National Holidays. Holidays will not count against national leave entitlements. Dates will be co-ordinated between SNRs and the CoS and published in a Staff Order.

1.4 Independent Working Days. Independent Working Days will be authorised by the Chief of Staff/ Executive Director of the IAMD COE; Independent Working Days are subject to national regulations.

1.5 Time-Off-In-Lieu. Individuals will be entitled to time-off-in-lieu for those holidays missed due to TDY or other official IAMD COE duties, or for other periods of excessive overtime in accordance with national rules. Requests for time-off-in-lieu must be endorsed by the individuals SNR and approved by the Branch / Section Head.

1.6 Summer holidays. It is desirable for all IAMD COE personnel to schedule and use part of their annual leave during the two weeks of August, coinciding with the center's planned closure to align with reduced workload periods and NATO practices. Staff members are encouraged to plan their leave to facilitate a coordinated and efficient break period for all. In exceptional cases, approval from the IAMD COE Director is necessary.

2. Responsibilities.

Senior National Representatives (SNRs). The respective Senior National Representative (SNR) is responsible for keeping records according to the national regulations. In case of conflicts or discrepancies, the SNR will co-ordinate the issue with respective IAMD COE member.

Branch Heads/Section Heads (BHs/SHs). Branch and Section Heads are responsible for keeping track of Branch / Section member's availability.

3. Procedures.

Request for Leave and Authorised Absence will be submitted using the attached FORM. They are to be forwarded first to the respective Branch/Section Head of equivalent and then to the respective SNR.

3.1 Applications by Directorate staff are to be forwarded to the CoS.

DIR 40-02

3.2 Applications by Branch/Section Heads are to be forwarded to CoS.

3.3 Applications by CoS are to be forwarded to the Director.

3.4 Applications by Deputy Director are to be forwarded to the Director.

3.5 Applications by SNRs are to be forwarded with respect to their organisational position in the IAMD COE.

3.6 Approved applications are to be forwarded to the respective Branch / Section Head to track availability of their members.

3.7 Individuals are to enter their absence into the Outlook Calendar. For absences of a full working day or more, individuals should activate the Outlook Out-Of-Office Assistant feature to indicate their return date and other details such as acting deputy, Point of Contact(s) in their absence, emergency contact numbers, etc., as required.

3.8 CoS, Branch / Section Heads will also inform IAMD COE Director about their absence, identifying an acting deputy.

DIR 40-02

LEAVE REQUEST

NAME (First, Middle Initial, Last):		GRADE:	SERVICE NUMBER:	NATIONALITY:
BRANCH OR POS:		TYPE OF LEAVE: <input type="checkbox"/> ANNUAL <input type="checkbox"/> SHORT-TIME (ST) <input type="checkbox"/> OTHER		No of Days:
Rem Number of DAYS:	FROM:	LEAVE ADDRESSES & TEL. No.:		
DATE:		SIGNATURE OF REQUESTOR		
APPROVALS - SIGNATURES BLOCK				
BRANCH HEAD	ADMINISTRATIVE OFFICE RECORDS	CHIEF OF STAFF	DEPUTY DIRECTOR	DIRECTOR
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	REASON FOR DISAPPROVAL:		