

- Instructions:
1. Employee: Complete Section I.
 2. Appropriate Administrator: Complete Section II. Sign and date the request form.
 3. Senior Associate Vice President, University Personnel to review for approval or denial.

All forms must be received at University Personnel no later than January 6.

I. EMPLOYEE INFORMATION		
Employee Name:	Employee ID Number:	
Department/College:	Appropriate Administrator:	
Classification:	Collective Bargaining Unit (if applicable):	
Number of hours requested for carry-over to next calendar year:	Did the employee carry-over excess accruals last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number of hours carried:
Please state plan to use excess accruals during first quarter of next year:		

II. MANAGER INFORMATION
Reason for request to carry-over excess accruals to the next calendar year (required):
<input type="checkbox"/> Required to work as a result of a fire, flood, or other extreme emergency <input type="checkbox"/> Assigned to work of priority or critical nature over an extended period of time <input type="checkbox"/> Absent for compensable injury (Workers' Compensation) <input type="checkbox"/> Prevented from using vacation previously scheduled to be taken in December because of being on paid sick leave <input type="checkbox"/> Other reason(s). Explain:
Were requests to use vacation time off denied this year: <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, reason the requests were denied:
Is there any reason the employee could not take vacation time off between now and the end of December to use the excess accruals?
Employees in Units 2, 4, 5, 7, 9: Please state plan to use excess accruals by June 30 of next year:

III. SIGNATURES

Employee Name

Employee Signature

Date

Appropriate Administrator (MPP) Name

MPP Signature

Date

University Personnel Name

University Personnel Signature

Date

Approved Not Approved

Comments