



Employee Support Services | One Washington Square | San José, CA 95192-0046

408-924-2250 | 408-924-1701 (fax)

- Instructions:**
1. Employee: Complete Section I and submit the request form to your supervisor/manager.
 2. Manager: Complete Section II. If you recommend approval, sign and date the request form and forward it to the Division Vice President.
 3. VP: If you recommend approval, sign and date the request form and forward it to the Office of the President.
 4. President: If you recommend approval, sign and date the request form and forward it to Human Resources, 0046 and a copy to the Division Vice President.
- All forms must be received by Human Resources no later than January 4.**

I. INFORMATION		
Employee Name:		Employee ID Number:
Department/College:		Supervisor:
Classification:		Collective Bargaining Unit:
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, number of hours carried:
II. MANAGER INFORMATION		
Reason for request to carry-over excess accruals to the next calendar year: <input type="checkbox"/> was required to work as a result of fire, flood or other extreme emergency <input type="checkbox"/> was assigned work of priority or critical nature over an extended period of time <input type="checkbox"/> was absent for compensable injury (Workers' Compensation) <input type="checkbox"/> was prevented from using vacation previously scheduled to be taken in December because of being on paid sick leave		
Were requests to use vacation time off denied this year: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the 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?		
Plan to prevent the carry-over of excess accruals next year if exemption is approved this year:		
Signature, Employee:		Date:
Signature, Manager/Supervisor:		Date:
VP or Designee: <input type="checkbox"/> Recommend <input type="checkbox"/> Don't Recommend		Date:
Signature:		
Presidential Approval: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Signature		Date
PAYROLL USE ONLY		
<input type="checkbox"/> Processed		
Payroll Representative _____		Date _____