

ANNUAL LEAVE EXTENSION REQUEST FORM

I. EMPLOYEE INFORMATION

Employee Name: (Last, First, MI)	Assignment #:
*Extension Expiration Date:	Current Leave Balance (in hours):

*Approval of this form will result in an employee being allowed to accrue annual leave up to twice their current maximum annual leave amount permitted for up to 1 (one) year. **Employee's annual leave balance must be at least equal to or greater than 75% of their 1 (one) time maximum amount allowed to accrue in a 12 (twelve) month period in order to be considered for approval.***

****If approved, the request will become effective the date received in Human Resources – Benefits Administration. There will be no approvals of retroactive requests.***

Reason for leave extension request: (Please be as detailed as possible.)

Employee Signature

Date

DEPARTMENTAL USE

 Approved Denied, Reason for denial: _____

Supervisor Signature

Print Name

Date

Approved Denied, Reason for denial: _____

Dean/Director

Print Name

Date

Approved Denied, Reason for denial: _____

AVP/VP

Print Name

Date

DIVISION OF HUMAN RESOURCES USE ONLY

 Approved Denied, Reason for denial: _____

 Director of Benefits Administration

 Date