

- Instructions:
1. Employee: Complete Section I.
 2. Appropriate Administrator: Complete Section II.
 3. Vice President, to review for approval or denial.

All forms must be received by Payroll Services 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 you carry-over excess accruals last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number of hours carried:
Please state your plan to use the excess accruals by March 31 of next year, employees in Units 2, 4, 5, 7, 9, please state plan to use excess accruals by June of next year:		
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 because of being on paid sick leave <input type="checkbox"/> Other reason(s). Explain:		
II. MANAGER INFORMATION		
Were requests to use vacation time denied this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

III. SIGNATURES		
_____ Employee Name	_____ Employee Signature	_____ Date
_____ Appropriate Administrator (MPP) Name	_____ MPP Signature	_____ Date
_____ Vice President Name	_____ Vice President Signature	_____ Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Comments <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		

Submit fully signed Excess Vacation Carry-Over Request form to:
[Payroll Services Secure Dropbox](#) or Payroll Services (WH205)

Carry-Over Chart

Collective Bargaining Unit	CBA Article	Maximum Carryover -10 years of service	Maximum Carryover +10 years of service	Carryover Utilization Timeline
<i>Unit 1</i>	22.2	320	440	Mar 31 st
<i>Units 2, 5, 7, & 9</i>	14.6, 14.9	320	440	June 30 th
<i>Unit 3</i>	34.6, 34.7, 34.8	320	440	Mar 31 st
<i>Unit 4</i>	26.7, 26.10, 26.11	320	440	June 30 th
<i>Unit 6</i>	16.2	272	384	Mar 31 st
<i>Unit 8*</i>	18.4	320	440	Mar 31 st
<i>MPP</i>	Title 5§ 42726	384	440	Mar 31 st
<i>Confidential</i>	Title 5§ 42909	384	440	Mar 31 st

** Shall be permitted to carryover no more that eighty (80) hours of vacation credits in excess of the applicable maximum if they meet the eligibility criteria.*