

ANNUAL LEAVE EXTENSION REQUEST FORM

I. EMPLOYEE INFORMATION

| | |
|--|-----------------------------------|
| Employee Name: (Last, First , MI) | Assignment #: |
| **<u>Extension Expiration Date:</u> | 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

 Supervisor Signature

 Print Name

 Date

 Dean/Director/Administrator Signature

 Print Name

 Date

 AVP/VP Signature (if applicable)

 Print Name

 Date

DIVISION OF HUMAN RESOURCES USE ONLY

- Approved
 Denied

Reason for denial:

 Director of Benefits Administration

 Date