

NAME:	POSITION:		
REQUESTED LEAVE DATES: 1ST DATE OF LEAVE:		LAST DAY OF LEAVE	E:
TOTAL LEAVE HOURS REQUESTED:			(# OF HOURS)
Vacation time accrues as follows:			
YEARS OF SERVICE	ANNUAL LEAVE ACCRUAL	ACCRUAL RATE	MAXIMUM
COMPLETED	RATE FOR FULL MONTH OF WORK	PER YEAR	ACCRUAL
1/5	1 day (8 hrs.)	12 days	14 days
6/10	1.25 days (10 hrs.)	15 days	20 days
11	1.5 days (12 hrs.)	18 days	30 days
in excess of the maximum accrual limit will be forfeited. No more than the maximum accrual of annual leave can be utilized during any fiscal year. In order to accommodate all employee leave requests, LEAVE REQUESTS MUST BE APPROVED BY THE SUPERVISOR AND VICE PRESIDENT OF FINANCIAL AFFAIRS AT LEAST 15 DAYS PRIOR TO THE BEGINNING OF THE LEAVE. TO BE COMPLETED BY THE PAYROLL OFFICER: ACCRUED ANNUAL LEAVE: HOURS AS OF: BALANCE IF ANNUAL LEAVE AVAILABLE AFTER THE APPROVED LEAVE HAS BEEN TAKEN: BALANCE: HOURS AS OF:			
EMPLOYEE'S REQUEST: SUPERVISOR'S APPROVAL: VICE PRESIDENT OF CAMPUS APPROVAL (IF APPLICABLE):			
VICE PRESIDENT OF FINANCIAL AFFAIRS APPROVAL:			