

REQUEST FORM

This form has been designed to assist you in making your requests during the vacation selection process.

Employee Information

Employee Name:

Date:

Employee ID:

Job Title:

Manager:

Department:

Support Staff

Type of Request	Article	Amount of Days or Weeks
Purchase of Additional Vacation Weeks	7-7.04	
Deferral of Unused Vacation Days (maximum 5 days)	n/a	
Conversion of Sick Days to Non-Cashable Sick Days	7-14.36	
Conversion of Sick Days to Vacation Days	7-7.06 & 7-14.36	
Conversion of Non-Cashable Sick Days to Vacation Days	7-6.13	
Conversion of unused Statutory Holidays to Vacation Days	7-6.09	
Leave Without Pay (during the summer)	n/a	

Please include the dates for the unpaid leave:

Professional Personnel

Type of Request	Article	Amount of Days or Weeks
Purchase of Additional Vacation Weeks	8-4.07	
Deferral of Unused Vacation Days (maximum 5 days)	n/a	
Conversion of Sick Days to Non-Cashable Sick Days	8-11.37	
Conversion of unused Statutory Holidays to Vacation Days	8-3.03 & 8.13.09	
Leave Without Pay (during the summer)	n/a	

Please include the dates for the unpaid leave:

Management Personnel

Type of Request	Article	Amount of Days or Weeks
Deferral of Unused Vacation Days (5 days per year up to a maximum of 10 days)	7.100	
Leave Without Pay (during the summer)	n/a	

Please include the dates for the unpaid leave:

Comments

Employee Signature

Date

Manager Signature

Date

SEE OVER →