ANNUAL LEAVE EXTENSION REQUEST FORM

I. EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name: (Last, First, MI)</th>
<th>Assignment #:</th>
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*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

REV 12.2013