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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<tr>
<th>*Extension Expiration Date:</th>
<th>Current Leave Balance (in hours):</th>
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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