



University of California, Merced
 5200 N. Lake Road
 Merced, CA 95343

REQUEST TO EXCEED MAXIMUM VACATION ACCRUAL LIMIT FORM

SECTION 1. KEY INFORMATION

EMPLOYEE ID #*	LAST NAME*	FIRST NAME*	MI*
JOB TITLE*		DEPARTMENT*	
SUBMITTED BY*		DATE SUBMITTED* (m/dd/yyyy)	
SUBMITTER'S PHONE* (numbers only, no spaces)		SUBMITTER'S EMAIL*	

SECTION 2. VACATION BALANCE INFORMATION

CURRENT VACATION LEAVE (VL) BALANCE*	MAXIMUM VACATION ACCRUAL LIMIT*
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SECTION 3. EXCEPTIONAL OPERATIONAL CIRCUMSTANCES

*Describe the exceptional operational circumstances**

SECTION 4: VACATION SCHEDULE FOR ADDITIONAL MONTHS

			Beginning VL Balance:	
	Month* (eg., Jan-2018-Feb 2018)	VL Hours Accrued*	Hours Taken*	Vacation Balance*
1	Month (eg., Jan-2018-Feb 2018)	VL Hours Accrued	Hours Taken	Vacation Balance
2	Month (eg., Jan-2018-Feb 2018)	VL Hours Accrued	Hours Taken:	Vacation Balance:
3	Month (eg., Jan-2018-Feb 2018)	VL Hours Accrued	Hours Taken:	Vacation Balance:
4	Month (eg., Jan-2018-Feb 2018)	VL Hours Accrued	Hours Taken:	Vacation Balance:

SECTION 5. DEPARTMENT APPROVALS*

<p>Approved as requested</p>
<p>Approved with the following restrictions:</p>
<p>Denied for the following reasons (The supervisor is expected to work with the employee to identify vacation dates that will meet the needs of both the employee and the department)</p>

<p>Employee Signature*</p> <p>_____</p>		<p>DATE*(m/dd/yyyy)</p> <p>_____</p>	
<p>Approver Signature*</p> <p>_____</p>		<p>Print Name*</p> <p>_____</p>	
<p>Title*</p> <p>_____</p>		<p>Department*</p> <p>_____</p>	
<p>Date*(m/dd/yyyy)</p> <p>_____</p>	<p>Approver's Email*</p> <p>_____</p>	<p>Approver's Phone* (numbers only)</p> <p>_____</p>	
<p>Department/Division Head Signature*</p> <p>_____</p>		<p>Print Name*</p> <p>_____</p>	
<p>Title*</p> <p>_____</p>		<p>Department*</p> <p>_____</p>	
<p>Date*(m/dd/yyyy)</p> <p>_____</p>	<p>Email*</p> <p>_____</p>	<p>Phone* (numbers only; no spaces)</p> <p>_____</p>	