

## VACATION ACCRUAL MAXIMUM EXCEPTION REQUEST FORM

**Please complete the information below:**

Department:

Employee Name:

Payroll Title:

Vacation Leave Accrual Balance:

Policy Maximum Vacation Accrual Limit:

Scheduled Vacation leave within the additional 4 months:

Estimated Vacation leave balance at the conclusion of the additional 4 months:

### **Summary of operational demands that constitute exceptional circumstances.**

(Note: Include **business necessity** that prevents employee from taking vacation and the plan time frame within the 4 months in which the employee will bring down the accrual balance below the maximum.)

### **APPROVAL SIGNATURES:**

**Employee:**

**Date:**

**Requesting Supervisor/Manager:**

**Date:**

**Department Head (or designee):**

**Date:**

**Organization Head:**

**Date:**

Copies to: 1) Employee, 2) Department HR Administrator and, 3) CHR—Policy & Personnel Services or Health System Human Resources