

Vacation Advance Request

Payroll Services
Phone 312/362-8692
Fax 312/476-3257
payroll@depaul.edu

Employee

Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Employment Type	<input type="radio"/> Salary/Exempt <input type="radio"/> Hourly/Non-Exempt	Campus Phone Extension:	<input type="text"/>

Dates of Vacation

Dates Requested for Advance	
Date Range: <input type="text"/>	OR Specific Date(s) (please list): <input type="text"/>
<u>Time Reporting Instructions:</u> Report all remaining vacation hours to determine advance hours needed. The vacation balance should be zero and the date (s) listed above should be left blank on the employee's timesheet. Payroll Services will enter the requested vacation hours on the employee's paychecks based on approved Vacation Advance Requests.	

Employee Acknowledgement/Agreement *(Submit request at least 2 weeks prior to date(s) requested)*

<i>Please read carefully, sign and date to indicate that you have read and will comply with the terms of this agreement.</i>	
I have requested to take paid vacation time which exceeds the number of paid vacation hours I have accrued to date. I request the advance use of _____ hours of paid vacation time. I acknowledge that I have reported and used my entire available balance of earned vacation. If a balance remains, I authorize Payroll Services to report the timesheet hours and reduce the requested number of advanced vacation hours accordingly at processing time.	
I understand that advanced vacation hours are borrowed from my future vacation hour accruals and that future vacation hour accruals first replenish my negative balance before creating a balance to be used for additional paid time off. In the event that my employment with DePaul University is terminated for any reason prior to earning enough vacation hours to cover this advance, I understand and agree that the outstanding unearned balance will be deducted in full from any sums due to me, including my final payroll check. In the event that I transfer to an employment status in which I am no longer eligible for paid vacation prior to earning enough vacation hours to cover this advance, I understand and agree that the outstanding unearned balance will be repaid via payroll deduction(s).	
Employee Signature:	Date: <input type="text"/>

Manager Approval

This vacation advance request requires manager approval. Your manager will complete the following section and, if approved, submit the completed form to Payroll Services.	
Comments:	<input type="text"/>
I acknowledge that the employee has not been advanced up to five (5) vacation days this calendar year. By signing this form, I approve this vacation advance request.	
Manager Signature:	Name (Print): <input type="text"/>
Manager Title (Print): <input type="text"/>	Date: <input type="text"/>