

VACATION EXCEPTION REQUEST FORM

Name: _____

Department: _____

Date: _____

I request to hold over _____ hours of vacation from fiscal year _____
To be used in the first 90 days of fiscal year _____.

Holdover hours not used within the first 90 days will be forfeited.

Reason for holdover:

Supervisor Approval: _____

Vice President for Finance & Administration Approval: _____

This form must be received in payroll prior to the end of the fiscal year.