



REQUEST TO RETAIN EXCESS ANNUAL LEAVE
(Executive Service, A&P, USPS, and Out-of-Unit Faculty)

Submission Deadline is December 14, 2018

Employee Name (Print), Employee ID, Rec., Department, Employee Email, Employee Phone, Department Representative Name (Print), Department Representative Email, Supervisor Name (Print), Supervisor Email

- 1. In 2016 or 2017, were you approved for retention of all or a limited amount of excess annual leave?
2. Were there any extraordinary circumstances lasting for an extended period of time that prevented you from utilizing annual leave in 2018?

If you answered YES to Question 1 and/or NO to Question 2, you are not eligible for retention of excess annual leave for the 2018 rollover period. PLEASE DO NOT PROCEED WITH COMPLETION OR SUBMISSION OF THIS FORM.

- 3. If approved, how many hours of excess annual would you like to carryover? I would like to retain ___ hours All

If you answered YES to Question 2, please provide a detailed explanation below on your need to carry over excess annual leave and your intent to use in 2019. Forms submitted without a detailed explanation will result in the denial of this request.

Empty box for detailed explanation of carryover request.

I understand that all unused excess annual leave as of the last full pay period of this calendar year will be converted into sick leave, unless a request is submitted and approved to retain the excess hours. I hereby request that the indicated amount above of unused excess annual leave be retained for this year. In addition, I acknowledge that approvers may limit the amount of excess leave retained. By submitting this request, I understand that future requests for retention of excess annual leave will be denied. I understand that this request must be approved by my supervisor, Director or Department Head, and the Dean or Vice President, as well as the University's Chief Human Resources Officer. I understand this request for this retention cycle must be received in Human Resources no later than December 14, 2018 in order to be eligible for review and approval.

Employee Signature, Date, Supervisor Signature, Date, Director or Department Head Signature, Date, Dean or Vice President Signature, Date, Supervisor, Director or Department Head, and Dean or VP notate your recommended maximum carryover amount, Maximum Carryover Amount (if applicable)

After departmental approval, forward to Attendance & Leave in the Office of Human Resources (Mail Code 2410 or email to Shannon Byrum at smbbyrum@fsu.edu for final review and approval. Please keep a copy of this completed form for your records.

Final Approval:

- Approved, Approved & Capped at, Denied

Associate Vice President for Human Resources and Finance & Administration Chief of Staff, Date