

REQUEST FOR VACATION EXTENSION

Employee:

NSU ID:

Center:

Telephone:

Email:

Today's Date:

Hours * requested for extension:

Extend Through Date:

*** Do not include automatic one-week carryover in this figure.**

Date by which extended hours will be used. **Extensions must be used within six (6) months from anniversary date, or July 1, whichever is applicable.**

Please refer to the vacation extension policy on the following page.

REASON FOR REQUEST (Required):

Select a reason from the drop down box and add comments below:

Employee Signature

Date

REQUIRED APPROVALS: NOTE: Forward form to Office of Human Resources after final center approval.

Immediate Supervisor (Print Name)

Immediate Supervisor (Signature) Date

Dean/VP/Department Head (Print Name)

Dean/VP/Department Head (Signature) Date

Irving Rosenbaum, VP-HPD Operations
(Approval required for all HPD requests)

Signature Date

=====Area below for Office of Human Resources use only=====

Accrual (Hire Date) _____ July 1 Advance Full-Time Part-Time

Previous Extension Dates: _____

Shared Services (Print Name)

Signature Date

Strategic Business Partner (Print Name)

Signature Date

Executive Director, OHR (Print Name)

Signature Date

Approved Not Approved

Dr. Harry K Moon
Executive Vice President/Chief Operating Officer

Signature Date