



INFORMATION ABOUT EMPLOYEE

Submit the completed form to Human Resources, Leaves Administration at leaves@arizona.edu.

Name: _____ Empl ID: _____
Last, First MI

ACKNOWLEDGEMENT

I understand that according to ABOR policy 6-803, I am not permitted to carry forward any accrued vacation hours that exceed 320 hours. At the end of the calendar year, all vacation hours that exceed the limits shown below must either be forfeited or voluntarily donated for use as Compassionate Transfer of Leave (CTL). CTL is provided to employees who are unable to work due to catastrophic illness or injury to themselves or their family members.

By signing this form, I certify that I wish to forfeit my excess vacation hours, and I do not wish them to be available for use by an employee requesting CTL.

Vacation Hours Forfeited _____

Employee Signature

Date

Staff / Appointed Personnel	Maximum Vacation Hours That May Be Carried Forward Each Calendar Year	
	1.0 FTE*	Other FTE*
Accrual rate = 6.77 per pay period	320 hours	320 x FTE

*Fiscal-year employment. For academic-year employment, multiply the per-pay-period accrual rate by 20, then multiply by FTE if less than 1.0.

Fiscal Year Postdoctoral Scholars	Maximum Vacation Hours That May Be Carried Forward Each Calendar Year	
	1.0 FTE*	Other FTE*
Length of Service	1.0 FTE*	Other FTE*
Year 1 accrual rate = 3.08 hours per pay period	120	120 x FTE
Year 2+ accrual rate = 4.62 hours per pay period	180	180 x FTE

HUMAN RESOURCES USE ONLY

HR Representative Signature

Date