Unit Member Last Name:       First Name:       Banner ID:

Job Title:

Immediate Manager:       Immediate Manager’s Title:

Vacation Balance Hours:       As Of:       Monthly Accrual Hours:       Max Hours:

In the space provided below, clearly describe the mutually agreeable plan that will bring the unit member’s vacation balance below the maximum allowed by the end of the fiscal year (June 30th).

**I would like to donate** **hours from my vacation leave to the Catastrophic Leave Bank.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Member Signature Date Submitted

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Manager’s Signature Date Responded

**Return completed form to the Payroll Department, Building 4, Room 1370**

**Payroll Use Only:**

**Original for Employee File**

**Copy for CSEA 262 Chapter President**