

# 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