

REQUEST FOR VACATION EXTENSION

Employee:

Center:

- SELECT CENTER -

Email:

Hours * requested for extension:

NSU ID:

Telephone:

Today's Date:

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:

- SELECT -

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

=====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

Vice President - Human Resources (Print Name)

Signature

Date

☐ Approved

☐ Not Approved