

**MOTT COMMUNITY COLLEGE
MAINTENANCE & OPERATIONAL**

PAY IN LIEU OF VACATION REQUEST FORM

After completing this form and obtaining your supervisor's signature, forward this form to Human Resources for processing. Payment will be made on the next normal payroll cycle.

Name _____
Last _____ **First** _____ **MI** _____

Datatel ID _____

Title _____ **Division/Dept** _____

Employee Signature _____ **Date:** _____

Hours requested to be paid in check _____

Hours requested to be paid into HSA account _____

Hours requested to be deferred into 403b or 457 _____

NOTE: An employee may request an adjustment of their accrued vacation allowance, for up to one half of the annual accrued vacation allowance. Request must be for a minimum of twenty (20) hours.

SUPERVISOR'S VERIFICATION OF ADEQUATE BALANCE

Supervisor Signature _____ **Date** _____

TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES

Request Granted

Request Denied

If denied, list reason(s) _____

Human Resources deducted vacation hours in Datatel

HR Signature _____ **Date:** _____

Distribution: Personnel File
Payroll