

**MOTT COMMUNITY COLLEGE  
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:** \_\_\_\_\_

**Employee Group (check one):**

- PROTECH     ADMIN SUPPORT     M&O     S&M     EXEMPT

**Total Hours Requested:** \_\_\_\_\_

**Breakdown of Hours Payout:**

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, once per fiscal year. If part of the Maintenance and Operational Union, a minimum of 20 hours must be requested.

**SUPERVISOR'S VERIFICATION OF ADEQUATE BALANCE**

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**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