MOTT COMMUNITY COLLEGE
SUPERVISORY AND MANAGERIAL

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, once per fiscal year.

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