

2014 Application to Carry Forward Excess Annual Leave

(To be completed by employee)

Employee Name

EIN

Agency

Job Title

Work Location

Work Phone

Are you (check one) Covered Uncovered

Did you receive approval to carry leave or receive a payoff last year? No Yes If yes, how many hours?

Current Annual Leave Balance

Number of hours of annual leave used this calendar year

I anticipate that I will be unable to reduce my allowed annual leave balance to 320 hours for an uncovered employee or 240 hours for a covered employee, as applicable, by **01/02/2015** and wish to submit an application for an exception. **Please note: approval is not guaranteed. See Personnel Rule R2-5A-B602 g) for more information.**

Projected excess hours:

Provide the specific reason(s) for this request. You **must provide details about the circumstances that prevented you** from using sufficient annual leave and attempts you made to exhaust the excess leave within the current calendar year.

I am requesting (please check the appropriate box):

The excess hours be carried forward ** to the next calendar year

Subject to available funding, the excess hours be paid

A combination of both hours paid and

Note: Any hours carried forward to the next calendar year will be subject to forfeiture if not used by **03/27/2015 Please provide your plan of action to ensure the excess annual leave is used by **03/27/2015** and your plan to ensure that you will not have excess annual leave in future years.

Comments

I understand that it is my responsibility to manage my annual leave balance so that I do not have excess leave at the end of the next calendar year or in future years. I further acknowledge that any hours approved to be carried forward into the next calendar year that are not used by **03/27/2015** are subject to forfeiture.

Employee Signature

Date

2014 Application to Carry Forward Excess Annual Leave (continued)

AGENCY RECOMMENDATIONS

<i>Immediate Supervisor Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL*
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* If Supervisor denies the request, the form is returned to the employee and the supervisor must ensure that annual leave is used before the end of the year.

<i>Name, Title, Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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<i>Name, Title, Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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<i>Name, Title, Signature</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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<i>Agency Head</i>	<i>Date</i>	RECOMMEND	APPROVAL	DENIAL
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FOR ARIZONA DEPARTMENT OF ADMINISTRATION USE ONLY

<u>Background</u>	<u>Reason for Excess</u>	<u>Requested Resolution</u>
Projected excess hours this year	Workload/Staff Shortage	Number of hours to be carried forward
Excess hours carried over last year	Project/Critical Deadline	Number of hours to be paid off
Excess hours paid off last year	FMLA	
Current Annual Leave balance	Other _____	

<u>ADOA Human Resources Recommendation</u>	RECOMMEND	APPROVAL	DENIAL
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Signature	Date
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Comments

<i>Kathy Peckardt, Interim Director</i>	<i>Date</i>	APPROVED	DENIED
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