

**CSEA VACATION
REIMBURSEMENT REQUEST**

As per contract, Article VII - Vacations, Section 12. A regular full-time or regular part-time employee may be paid the monetary value of 5 days vacation by charging it against vacation accruals if:

They take 5 consecutive days of vacation within a calendar year. The periods must be Monday through Friday unless the employee has other than a regular Monday through Friday work schedule in which case the periods must be his/her normal work week. (Holidays do not count)

No accruals used prior to submitting this request will be used towards the 5 days as credit. The employee must submit this request for reimbursement to the Department Head prior to using the time, not use one week and then decide two months later to request reimbursement and include the week already used towards their qualifying vacation usage.

If the employee wishes to be paid in advance of the first vacation day this request must be made 30 days prior to the first vacation day. Once an employee has selected options under this section and has been paid, the vacation dates shall not be changed or canceled.

This section may be exercised by an eligible employee only once each calendar year. Vacation time is subject to Department Head approval as described in Section 7 of this Article.

All information must be filled out and signed by both parties:

Department: _____

Employee: _____ Employee number: _____

Please specify the vacation date(s) that meet criteria stated above:

Beginning date: _____

Ending date: _____

When does the employee want to receive their check?

prior to vacation after vacation

Employee's signature _____ Date _____

At the time this request is submitted for processing, employee must have adequate accruals as outlined in the contract. If approved, the appropriate accruals will be deducted immediately from the employee's accrual balance. By signing this request the department head confirms the employee has met all contract requirements.

Date submitted by employee for processing: _____

() APPROVED () DENIED

Department Head's signature _____ Date _____

If approved, retain a copy for your records and forward original to Payroll Office for processing.