



## REQUEST FOR REINSTATEMENT OF LOST VACATION HOURS

### Employee Information

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

Email Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Employee Certification

In accordance with section III.E.3 of [Rule 5-301A](#), Scope, Eligibility and Limitations for Vacation Leave – University Employees, I request that vacation leave that was lost at year end because it was over the maximum accrual limit be reinstated.

**I hereby certify:**

- I received approval from my supervisor to use vacation leave on specific days;
- After November 15<sup>th</sup>, management in the department required that I cancel the approved, scheduled vacation;
- I was not allowed to reschedule the vacation leave in the same calendar year; and,
- The cancelled leave resulted in a loss of unused vacation hours at the end of the year.
- I understand that reinstatement of lost hours does not increase the annual carry-forward amount for the subsequent calendar year, nor will it increase the amount that may be paid out under Part III.E.7.c of [Rule 5-301A](#).

**I am requesting reinstatement of the scheduled vacation hours I was unable to use:**

Dates: \_\_\_\_\_

Number of Hours \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Supervisor Confirmation

I hereby certify that the above-referenced employee had vacation scheduled on the dates listed above and was not able to use the vacation on those dates and was not able to reschedule the vacation leave in the same calendar year based on the needs of the department.

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

**Supervisor Printed Name:** \_\_\_\_\_

### University Human Resource Management

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