

VACATION BANK REQUEST

EMPLOYEE INFORMATION

First Name:	Last Name:
Title:	Employee ID:
Email Address:	Phone Number:
School:	Department:

REQUEST INFORMATION

Vacation Request (1 Day Minimum – 10 Days Maximum) (Example: 5 Days = 40 Hours or 37.5 Hours)	
Total Days Requested:	Total Hours Requested Equivalent:

Print Name (Employee)

Sign Name

Date

FOR LEAVE ADMINISTRATOR USE ONLY

Date Received:	Number of Unpaid Days During Leave:
Days Available in School/Mgmt Center:	Number of Days/Hours Approved:

Print Name (Leave Administrator)

Sign Name

Date

FOR EMPLOYEE RELATIONS USE ONLY

Approved/Denied:

Print Name (Secondary Approver)

Sign Name

Date

*Please note that you are eligible to receive up to 10 days from the Vacation Bank per fiscal year (pro-rated for part-time employees). Available vacation time is allotted on a first-come, first-serve basis.

*To be eligible to receive vacation time from the Vacation Bank, a recipient must be a staff employee in good standing with the University. The recipient may request donated time from the Vacation Bank if he or she has already exhausted all vacation and sick balances and is currently taking unpaid approved personal medical leave or he or she will soon exhaust all vacation and sick balances and will then otherwise go on unpaid approved personal medical leave. The Vacation Bank does not apply to medical leaves to care for family members. Faculty, term employees, and post-doctorate scholars are not eligible to receive donated time from the Vacation Bank.

*If you do not use all of your approved days, you must notify the Leave Administrator at leaves@case.edu and the remaining days will be returned to the vacation bank.

Submit to Leaves@case.edu