

# Additional Vacation Purchase Form

This form is used by Continuing employees to request the purchase of additional vacation time as per the Vacation Purchase Plan Policy

**LAST NAME**  **FIRST NAME**  **EMPLOYEE ID#**

**DEPARTMENT**   **UNBF**  **UNBSJ**

**Year of Purchase**

**Days must be purchased and used in the same calendar year**

- 5 days** (2% of normal salary)
- 10 days** (4% of normal salary)
- 15 days** (6% of normal salary)

**EMPLOYEE SIGNS HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **APPROVAL**

_____ RECOMMENDED	_____ POSITION	_____ DATE
_____ APPROVED	_____ POSITION	_____ DATE

**FORWARD COMPLETED FORMS TO:**

**UNBF  
HUMAN RESOURCES  
ROOM 102  
I.U.C. COMPLEX**

**UNBSJ  
HR/FINANCIAL & ADMINISTRATIVE SERVICES  
ROOMS 122,123  
OLAND HALL**

HR USE ONLY	POSTED ON:
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