**REQUEST FOR ANNUAL LEAVE CARRYOVER EXCEPTION**

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| **Agency and Dept ID:**       | **Date:**      |
| **Employee Name:**       | **Empl ID #:**       |
| **Position Title:**  |
| **Requested Annual Leave Carryover Amount (# of Hours):**       |
| **Have You Requested Annual Leave Carryover Exception Previously?**  |
| **If YES, when (*Please provide Year*):**  |
| **Reason Annual Leave Could Not Be Taken:**       |
| **Plan to Use Carryover Amount Prior to July 1st:**       |
| **Name AND Signature of Appointing Authority or Designee:**  | **Date:**  |
| **DO NOT WRITE BELOW THIS LINE – FOR OMB USE ONLY** |
| **Approved** | **Denied** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature****Director, Office of Management and Budget or Designee** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** |