**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** | | |