UCSF CAMPUS AND MEDICAL CENTER
VACATION/PAID TIME OFF (PTO) ACCRUAL EXTENSION REQUEST FORM

Temporary Accrual Extension Procedures:

Vacation leave or PTO may be accrued to a maximum of two times the annual accrual rate whether the employee holds a full or part-time appointment. When an employee reaches his/her maximum accrual limit, no additional vacation leave/PTO may be accrued until the employee's balance falls below the maximum, unless an extension has been requested and granted prior to the employee reaching the maximum accrual.

If an employee cannot schedule vacation or PTO to keep the balance below the maximum, a temporary accrual extension may be provided when the following conditions are met:

1. 60 days before reaching maximum accrual limit, the employee requests vacation or PTO in accordance with departmental procedures.
2. The request is denied based on business operational reasons.
3. There are no alternative vacation or PTO dates that can be taken prior to reaching the maximum.
4. **Prior to the employee reaching the maximum accrual**, the completed Vacation/ Paid Time Off Accrual Extension Request form with employee signature as well as the supervisor and department/division head approval signatures is submitted to the HBS Processing Center via e-mail: HBSPROCTR@ucsf.edu , fax: (415) 920-5218, or campus mail: Box 1328.

When the extension has been processed the employee will continue to accrue in future accrual cycles above his/her maximum without losing any hours for the appropriate number of accrual cycles. When the extension period has expired, the employee will no longer accrue vacation leave/PTO and will not be granted another accrual extension until his/her balance falls below the maximum accrual limit.

Any exceptions to the accrual extension policy must be approved by Human Resources- Labor and Employee Relations at (415) 353-4107.

ACCRUAL EXTENSION REQUEST FOR EMPLOYEE ID (02xxxxxx): _____

_____ _____ DATE: ___/___/___

EMPLOYEE NAME (PRINT) SIGNATURE

SUPERVISOR APPROVAL:

I confirm that the above-named employee has requested and been denied Vacation/PTO for business operational reasons, and is approaching maximum accrual. Please process a Vacation/PTO accrual extension for this employee in accordance with the relevant Collective Bargaining Agreement and/or UCSF Policy.

_____ _____ DATE: ___/___/___

SUPERVISOR NAME /JOB TITLE (PRINT) SIGNATURE

NEXT LEVEL APPROVAL (DIVISION OR DEPARTMENT HEAD):

_____ _____ DATE: ___/___/___

DIVISION OR DEPARTMENT HEAD NAME/ JOB TITLE (PRINT) SIGNATURE

Send form to HBS Processing Center via e-mail: hbsproctr@ucsf.edu , fax: (415) 920-5218 , or campus box 1328

Payroll Use Only

Received by: _____ Date: ____/____/____

Processed by: _____ Date: ____/____/____

PTO [ ] VAC [ ] Number of Months: _____ per _____ CBA or _____ Policy