



HUMAN RESOURCES DEPARTMENT

EXCESS ANNUAL LEAVE PLAN

Employee Name: _____ Date: _____

Department: _____

My plan for using my excess annual leave is:

Use my excess hours by the deadline, March 30, 2021.

Date(s) of requested leave: _____ to _____.

Hours requested: _____

Make arrangements with my supervisor to use my excess hours by December 31, 2021.

Date(s) of requested leave: _____ to _____.

Hours requested: _____

Additional requests: _____

I understand that if I do not use my excess hours either by the end of the grace period deadline or the end of the calendar year (with my supervisor's approval) any unused portion will be forfeited.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Return completed form to HR-Scan or email to departmenth@ci.missoula.mt.us

FOR HR USE ONLY:

Received by: _____ Date: _____