



HUMAN RESOURCES DEPARTMENT

EXCESS ANNUAL LEAVE PLAN

Plan may only be submitted if a reasonable request to use leave was denied by the supervisor.

Employee Name: _____ Date: _____

Department: _____

Date reasonable request was made to supervisor _____.

Date request was denied by supervisor _____.

I attest that I denied the reasonable request to use excess leave by 3/30.

Supervisor Signature: _____ Date: _____

I understand that if I do not use my excess hours by the end of the calendar year any unused portion will be forfeited.

Employee Signature: _____ Date: _____

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

FOR HR USE ONLY:

Received by: _____ Date: _____