



## 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 [department@ci.missoula.mt.us](mailto:department@ci.missoula.mt.us)**

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#### FOR HR USE ONLY:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_