



## Request to Purchase Vacation Hours

Employee Name (Please Print) \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

**Policy Summary** (See Employee Handbook for complete policy)

- Purchased vacation must be used as time off during the calendar year in which it was purchased no later than the last full pay period of the year; any unused purchased vacation shall be forfeited
- Purchased vacation should be used before accrued vacation

### **SECTION I** (Employee to Complete)

- I wish to purchase \_\_\_\_\_ vacation hours for the upcoming calendar year.  
(Cannot exceed 40 hours total for at FT employee)

**I understand that I'm able to purchase a maximum of 40 vacation hours for the calendar year. I understand that I forfeit any unused purchased vacation hours if I do not use the time before the last full pay period of the year.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send completed forms to Gina Dwyer, Payroll Specialist at [gdwyer@cityofeagan.com](mailto:gdwyer@cityofeagan.com).*

### **SECTION II** (Finance to Complete)

Employee ID #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Previously purchased and/or converted hours: \_\_\_\_\_

- Purchased within 30 days of hire  
 Purchased during open enrollment

Approved       Denied

Signature: \_\_\_\_\_