**STATEMENT OF NECESSITY**

**AND**

**REQUEST TO DEFER EXCESS VACATION LEAVE**

Classified Staff

*When considering requests for vacation leave, the employer must consider the needs of the employee* ***but may require that leave be taken when it will least interfere with the operational needs of the employer.* (***WAC 357-31-205) Supervisors are expected to know and inform employees in advance of those times when vacation leave is unlikely to be granted. This will allow employees to plan leave use in advance thus making deferral of leave a* ***very*** *rare necessity. However, if an employee's request for vacation leave* ***is denied*** *by the employer, and the employee is close to the maximum vacation leave (240 hours), the employer must grant an extension for each month that the employer defers the employee’s request for vacation leave. This does not apply to annual leave voluntarily accumulated above the 240 hour maximum which must be used by the leave anniversary month or permanently lost. (WAC 357-31-215)*

**Instructions:** The immediate supervisor completes this form and forwards it to department head and appointing authority. Attach REQUEST FOR OR REPORT OF ABSENCE submitted by employee showing total hours of leave requested, requested leave dates, and supervisor's denial of request.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee's: request for leave from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

received by supervisor on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vacation leave balance at the time of request for leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

accrual rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ leave anniversary month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

vacation leave balance as of the anniversary month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Justification of denial of leave request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employee will be scheduled to take leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deferral of vacation leave use requested by:

supervisor date

Deferral ( ) approved ( ) not approved

department head date

Deferral ( ) approved ( ) not approved

appointing authority date

***Retain originals in department with Time/Leave Reports and send copy of both completed forms to the employee and to Human Resources (MS 7425).***