

LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 Spanos Court, Sacramento, CA 95825
916.568.3070
www.losrios.edu/business/benefits.php

VACATION BALANCE DISPOSITION REQUEST

In accordance with Article 7.16.8.2 of the LRCEA collective bargaining agreement, please complete this form to inform Employee Benefits if you would like to carry your vacation balance over each year or if you would like to be paid for your full vacation balance at the end of the work year. This form is required to be on file for all classified employees with a regular annual work schedule of nine-, ten- and eleven-months. The selection you make will remain in effect until changed by you.

- Any election change must be requested prior to July 1st of the fiscal year the election will apply to.
- Your selection will affect your full vacation balance.

I request the following disposition of my vacant balance at the beginning of the _____ fiscal year:

- Lump-sum payment for the vacation accrued but not used during the fiscal year which will be paid in the next regular payroll following the issuance of the employee's last regular pay warrant for his or her regular annual work schedule.
- To be able to use my accrued vacation time during my annual work schedule and have the balance carried over each year. I am aware of Article 7.16.8.2 that specifies my vacation accrual limit.

NAME: _____

College: _____ ARC _____ CRC _____ FLC _____ SCC

Signature _____

Date _____ EMPLID # _____

White: Employee Benefits Canary: Employee