

Human Resources Office

1501 State Street Marshall, MN 56258

**REQUEST FOR VACATION ACCRUAL CREDIT**

1. **TO BE COMPLETED BY EMPLOYEE**:

The Minnesota Association of Professional Employees (MAPE) and Middle Management Association (MMA) collective bargaining agreements allow the addition of vacation accrual credit for certain previous public and private sector experience. The experience must be in a vacation-eligible position. Previous experience must be directly related to the employee’s current SMSU position. Vacation accrual credit eligibility and length of credit are at the discretion of the appointing authority.

In order to determine if you are eligible for vacation accrual credits, please ask your previous employer(s) to complete the form below.

|  |  |  |
| --- | --- | --- |
| Print Full Name: | | Bargaining Unit:  MAPE  MMA |
| Address: | Home Phone: | |
|  | Work Phone: | |
|  | Cell Phone: | |

*I authorize my current/former employer to provide the information requested below.*

|  |  |
| --- | --- |
| *Employee Signature* | *Date* |

1. **TO BE COMPLETED BY PREVIOUS EMPLOYER:**

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Type  Public Sector | | Years of Employment: MM/DD/YYYY | |
| Private Sector | | Begin Date: | End Date: |
| FTE: | Was position vacation eligible?  YES  NO | | |

|  |  |
| --- | --- |
| *List employee’s major job responsibilities*  *(attach position description or other information as necessary)* | *Percentage*  *of Time* |
|  |  |
|  |  |
|  |  |

**VERIFIED BY:**

Print Name of Previous Employer Designee Job Title of Employer Designee Signature of Employer Designee Date

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List the Business Relationship to SMSU Employee Previous Employer Designee Phone Number

Name of Employer Street Address City State Zip Code

1. **TO BE COMPLETED BY SMSU HUMAN RESOURCES:**

|  |  |
| --- | --- |
| Request is:  🞎 ELIGIBLE. Eligible for \_\_\_\_Years  🞎 NOT Eligible. | Signature Date |
| Notes: | |

1. **TO BE COMPLETED BY SMSU CABINET MEMBER:**

|  |  |
| --- | --- |
| Request is:  🞎 APPROVED.  🞎 NOT APPROVED. | Signature Date |
| Notes: | |

Copies to:

Employee

Personnel File