

Application for Participation

Employee Information	
Name	
Employee ID	
Faculty/ Department	
MaPS Position/ Title	
Anniversary Date	
Vacation Bank (anticipated on July 1 2020)	
Email	
Phone	
Plan Usage (please provide an outline on how/ when you will use this time.)	

To be Eligible for the Plan, I understand and confirm that:

- I am a Regular or Fixed Term full-time MaPS employee who has completed their probationary period and will not have more than one (1) year’s vacation accrual by the beginning of the Plan Period.
- A Personal Leave Deduction of approximately 1.92% will be deducted from my pay.
- My decision is irrevocable for the Plan Period (July 1 2020 - June 30, 2021).
- I must take all five (5) days together within the Plan Period and that there will be no carry forward or reimbursement of voluntary flex leave days not taken by June 30, 2021.

Employee Signature _____	DATE	
Manager Name _____	APPROVED Yes	HR Operations has reviewed (HR use only)
Manager Signature _____	No	