

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

VACATION BALANCE DISPOSITION REQUEST

As a nine, ten or eleven month employee and in accordance with Article 7.16.8.2 of the LRCEA and Article 9.17.3.2 of the SEIU collective bargaining agreements, you have the option of carrying your vacation balance over each year or receiving a lump-sum payment for your full vacation balance at the end of the work year. This form is required to be on file for all eligible employees regardless of which option you choose. The selection you make will remain in effect until changed by you.

- Any election or change to an election must be received by the Employee Benefits Department prior to July 1st and will take effect the following fiscal year.
- Your selection will affect your full vacation balance.
- If you fail to submit this form, your vacation balance will carry over.

Beginning with the _____ fiscal year, I request the following to be in effect regarding my available vacation balance:

- Lump-sum payment** for the vacation accrued but not used during the fiscal year. Such payment will be paid in the next regular payroll following the issuance of my last regular pay warrant for my regular annual work schedule.
- Carry over my vacation balance** each year. I am aware that I cannot use vacation during the period I am not scheduled to work and of LRCEA Article 7.16.9.3 and SEIU Article 9.17.4.4 which specifies my vacation accrual limit.

Name: _____ ID #: _____

College: _____ARC _____CRC _____FLC _____FM _____SCC

Signature: _____ Date: _____