

Request for Vacation Accrual Credit

Select State of Minnesota Labor Contracts and Pay Plans have provisions which allow vacation accrual credit for certain previous public and/or private sector experience at the discretion of the appointing authority. Review the details specific to the unit your position is covered by online: <https://mn.gov/mmb/employee-relations/> and contact Human Resources for WSU specific parameters. To request consideration of a vacation accrual credit Complete Section I, ask your previous employer(s) to complete Section II and return the form to WSU Human Resources.

I. TO BE COMPLETED BY THE EMPLOYEE:

| | |
|--|-----------------|
| Full Name: | Personal Phone: |
| Home Address: | Email: |
| Bargaining Unit / Plan: <input type="checkbox"/> MAPE <input type="checkbox"/> MMA <input type="checkbox"/> MNA <input type="checkbox"/> Managerial Plan <input type="checkbox"/> Commissioner's Plan | |

I authorize the employer listed to provide the information requested below to Winona State University.

| | |
|-------------------|-------------------|
| Employer Name: | Employer Phone: |
| Employer Address: | Employer Website: |

Employee Signature

Date

II. TO BE COMPLETED BY THE EMPLOYER:

Verification of Information for Individual Listed Above:

| | | |
|---|---|------|
| Employment begin date: | Employment end date: | FTE: |
| Working Title: | Was position vacation eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please list the positions primary duties (or attach job description): | | |

Verified By:

| | |
|----------------|--|
| Employer Name: | Employment Sector: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| Printed Name: | Job Title: |
| Signature: | Date: |

Return to Winona State University Human Resources: Mail: WSU Human Resources - Somsen 114
P.O. Box 5838
Winona, MN 55987
Email: humanresources@winona.edu
Fax: 507.457.2269

III. TO BE COMPLETED BY WSU HUMAN RESOURCES:

| | |
|----------------|---|
| WSU Hire Date: | Request is: <input type="checkbox"/> APPROVE. Revised accrual date: _____ starting PPE _____. <input type="checkbox"/> NOT APPROVED. Employee is not eligible due to: |
| Signature: | Date: |