



Grand Valley State University APSS Vacation Transfer Authorization

I, _____, a GVSU APSS bargaining unit staff member, voluntarily agree to transfer _____ hours (while retaining a minimum of 160 hours in my own balance) of vacation to the Short-Term Disability Pool, and authorize Grand Valley State University to make the transfer. I am authorizing this transfer pursuant to the GVSU-APSS collective bargaining agreement. I understand that I may authorize transfer of vacation each calendar year, except during the month of December. The hours transferred will be deducted from my vacation balance in the calendar year this authorization is received by the GVSU Payroll Office. This authorization is good for only one deduction, and a new authorization must be signed for each future transfer. As a result of this transfer, my vacation balance will be reduced by the number of hours, I have indicated above, to be transferred.

(Date)

Staff Member's Signature

Staff Member's G Number

(Date)

University Representative Signature

Return to Human Resources

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