

# Request for Vacation Accrual Credit

## MINNESOTA STATE UNIVERSITY MOORHEAD

The Commissioner's Plan, MAPE, MMA, Managerial Plan, and MSUAASF collective bargaining agreements allow employees to receive vacation accrual credit for previous public and private sector experience that is closely related to their role at MSUM. *\*Note, this form is not required for MAPE positions.*

### To be completed by the employee:

Employee Name: \_\_\_\_\_

Bargaining Unit: Choose an item.

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Employment Type: Public Sector: ☐ Private Sector: ☐

*If private sector, please attach job description or list duties below.*

Begin Date of Employment: \_\_\_\_\_ End Date of Employment: \_\_\_\_\_ FTE: \_\_\_\_\_

Was the position vacation eligible? (*Does not apply to MSUAASF positions*) Yes: ☐ No: ☐

List employee's major job responsibilities (attach position description or other information as necessary):

Signature of Employer Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Title of Employer Designee: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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Office of Human Resources

P: 218-477-2157 | F: 218-477-2123

[HR@mnstate.edu](mailto:HR@mnstate.edu)

**To be completed by employee's direct supervisor at MSUM:**

Please determine if the employee is eligible for vacation accrual credit. Previous experience must be directly related to the employee's current State of MN position. Vacation accrual credit eligibility and amount of service credit is at the discretion of the appointing authority.

Request is: ☐: Eligible for \_\_\_\_\_ years of service credit.

☐: Not eligible.

Notes: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by MSUM Human Resources:**

Request is: ☐: Approved

☐: Not Approved

Notes: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copies to:

- Employee
- Personnel File