**SOM Department Based Vacation/PTO Policy**

**Submission directions**: After the department fills in the form and the **department chair signs it**, please submit it through Interfolio RPT case titled *SOM Department Vacation/PTO Policy Approval.*

|  |  |
| --- | --- |
| Department | Choose an Department. |
| Days allowed Number of annual Vacation/PTO days allowed (22-35 days): | Enter Days. Days |
| Number of annual Academic Professional (5-15 days): | Enter Days Days |
| Department policy allows carry over of Vacation/PTO allowed: | [ ] Yes [ ] No |
| Maximum number of carry over days allowed (not to exceed 10):  | Enter Days. Days |
| Tabulation of Vacation/PTO and Academic Professional Days based on: | Choose an item. |

|  |
| --- |
| Additional Information |
| Enter additional information.  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_\_

Chair Signature Date

Reviewed and approved by SOM Dean

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_/\_\_/\_\_\_\_

Dean Signature Date