

WSU employees that request a leave accrual credit, provide adequate documentation to support the request, and are determined eligible by Human Resources may have up to a maximum of five (5) years of credit applied to their accrual rate. Prior to completing the request form, review your applicable bargaining agreement/plan provisions which outline employee eligibility for vacation or annual leave accrual credit based on previous work experience.

- [MAPE](#): Article 10, Section 2. Accruals
- [MMA](#): Article 8
- [MNA](#): Article 7, Section 3
- [MSUAASF \(ASF\)](#): Article 18, Section B, Subd. 7
- [Commissioner's Plan](#): Chapter 4
- [Managerial Plan](#): Chapter 4
- [Administrators Plan](#): 1.06 Subd. 1(a)

PROCESS

MMA, MNA, ASF, Commissioners, Managerial & Administrators Plan:

1. Fill out section A of the **Prior Employer Verification** form
2. Ask your prior employer(s) to complete section B and return the form to you. A separate form for each prior employer is necessary. Verification or prior eligible employment beyond five (5) years is not necessary.
3. Submit this **Employee Request Form** with the verification(s) attached to WSU Human Resources.

MAPE ONLY:

1. Submit the **Employee Request Form** to WSU Human Resources.

TO BE COMPLETED BY THE WSU EMPLOYEE:

| | | |
|--|-----------------------|---|
| Employee's Name (first and last): | Tech ID (Warrior Id): | Bargaining Agreement / Plan: |
| MMA, MNA, ASF, Commissioners, Managerial & Administrators Plan: List the name(s) of prior employer(s) that you have attached a verification from for: | | |
| 1. | 4. | |
| 2. | 5. | |
| 3. | 6. | |
| MAPE ONLY: I would like Human Resources to review the following to determine my eligibility: | | |
| <input type="checkbox"/> My resume in my personnel file | | <input type="checkbox"/> My attached resume |

 Employee Signature

 Date

TO BE COMPLETED BY WSU HUMAN RESOURCES:

| | | |
|------------------------------|--|-------|
| Date Request Received in HR: | <input type="checkbox"/> APPROVED. Revised accrual date: _____ starting PPE _____. | |
| | <input type="checkbox"/> NOT APPROVED. Reason: _____ | |
| Signature: | | Date: |

A. TO BE COMPLETED BY THE WSU EMPLOYEE:

| | | |
|------------------------|--------|--------|
| Name (first and last): | Email: | Phone: |
|------------------------|--------|--------|

Prior Employer Contact Information:

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

My current employment at Winona State University has provided me with an opportunity to request a vacation or annual leave accrual credit based on my previous work experience. To receive the credit, verification is needed by my prior employer. Please complete section B of this form and return the form to me. If you need additional information from me to complete the request, please contact me using the information above.

Signature

*Date***B. TO BE COMPLETED BY THE PRIOR EMPLOYER:**

| | | |
|------------------------|----------------------|---|
| Employment begin date: | Employment end date: | Was position vacation eligible? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Working Title: | | Employment Sector: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE |

Please list the positions primary duties (or attach job description):

Verified By:

| | | |
|---------------|------------|------------------------|
| Printed Name: | Job Title: | Phone Number or Email: |
| Signature: | | Date: |