ELECTION FORM FOR
VACATION OR OFF-DUTY PLANS

Effective the first day of _____ (month) _____ (year), I hereby elect to be on the following faculty duty plan subject to all terms and conditions of the Memorandum of Understanding of December 15, 1997 between the Board of Regents of the University of Hawai'i and the University of Hawai'i Professional Assembly regarding the duty period of Researcher and Specialist faculty performing or supporting research.

Name: _____ Social Security Number: _____ - ____ - _____

Faculty Classification: Researcher: _____ Specialist: _____

College/School/Research Unit: _____

Department: _____

FOR CURRENT EMPLOYEE (SELECT ONLY ONE) :

☐ Off-duty plan for the twenty four month period from: _____ through: _____

☐ Vacation accrual plan as of the first day of: _____ (month) _____ (year)

FOR NEW APPOINTEE (SHALL AUTOMATICALLY BE ON THE VACATION ACCRUAL PLAN UNLESS AN ELECTION IS MADE FOR THE OFF-DUTY PLAN AS INDICATED BELOW) :

☐ Off-duty plan for the twenty four month period from: _____ through: _____

Subject to the approval of the Dean or Director, I understand: 1) I am entitled to one continuous month of off-duty time for each year that I am on the "off-duty plan" and that off-duty time cannot be accumulated from year-to-year; 2) by electing the "off-duty plan" I will not accrue vacation leave; and 3) If I take my off-duty period before I work all 11 months that support it, I may need to repay unearned salary if I terminate employment without completing the 11 duty months.

Employee's Signature: _____ Date: _____

Department Chairperson: _____ Date: _____

Fiscal Officer: _____ Date: _____

Dean/Director Signature: _____ Date: _____