

REQUEST TO CARRYOVER VACATION DAYS

Name _____ Department _____

Position _____

I am requesting to carry-over _____ hours to my next year of service. I understand that this request will be considered by my supervisor and is not guaranteed. I also understand that they will expire after 90 days if not used.

Signature of Employee

Date

FOR SUPERVISOR:

_____ I approve this request

_____ I do not approve this request because

FOR PAYROLL:

_____ Manual override in software completed

Date _____