

VACATION CARRYOVER REQUEST FORM

Date: _____

Name: _____

Department: _____

Union: _____

Current Yearly Vacation Entitlement in Weeks: 1 2 3 4 5

I am requesting carryover of _____ vacation days from the year _____.

Department Head: _____ Date _____

Human Resources Director: _____ Date _____

APPROVE DISAPPROVE

Union President: _____ Date _____

(Return forms to the Personnel Department no Later than December 1st)