

Vacation Request/Carryover Form

Instructions:

Please submit your vacation request to your supervisor at least two (2) weeks prior to the start date of your requested vacation. . Vacation may be taken for complete shifts or in one-hour increments. Please obtain your supervisor's approval and keep a copy of this form for your records.

On or before December 15th of the current year, determine if you have, or will use, all of your current year's vacation entitlement. If you are not able to use all of your entitlement, please use your copy of this form to complete the Vacation Carryover section, obtain your supervisor's approval and then submit to Human Resources.

Employee Information:

Name:	Date:
Supervisor:	Department:

Annual Vacation Entitlement: (# of Hours)	# Hours Carried Over from Previous Year:	Total # Hours Available:
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Vacation Requested:

Dates:		Number of Hours:						
	From/To:	SUN	MON	TUE	WED	THU	FRI	SAT
1st Week								
2nd Week								
3rd Week								
4th Week								

Vacation Approval:

Supervisor:	Date:
Department Head:	Date:

Vacation Carryover Request:

Due to unforeseen circumstances, I was not able to use all of my accrued vacation during the _____ calendar year. As a result, I request that the following dates/hours be carried over into the following year.

Describe the Unforeseen Circumstances:

Carryover Approval:

Supervisor:	Date:
Department Head:	Date:
Human Resources:	Date: