

**DIVISION OF HUMAN RESOURCES/LABOR RELATIONS**  
**Fresno Unified School District**

Current Vacation Balance: \_\_\_\_\_ Hours

**VACATION CARRYOVER REQUEST FORM**

I am hereby requesting to carryover more than the allowed hours of vacation from the current school year to the next school year.

<b>Name:</b>		<b>Employee ID Number</b>	
<b>Site:</b>		<b>Current Position:</b>	
Hours of carryover requested <u>over</u> the maximum hours allowance:			
<b>Classified: 80 hours max Management: 160 hours max</b>			

**Please check one:** \* This balance should not exceed the allowable number of days or hours of carryover for this employee. All vacation balances should comply with bargaining unit contracts or other District policies and regulations.

- I have **not** requested to carryover vacation hours for the last 3 years.
- I have requested to carryover vacation hours within the last 3 years. When? \_\_\_\_\_

Give a brief explanation of why you need to carryover more than the hours allowed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- Vacation Carryover Request **approved** at the site/department level.
- Vacation Carryover Request **not** approved at the site/department level.

\_\_\_\_\_  
**Please print** Name of Principal/Department Supervisor

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature Principal/Department Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Final Approval Signature Division of Human Resources

\_\_\_\_\_  
Date

**DIVISION OF HUMAN RESOURCES/LABOR RELATIONS**  
**Fresno Unified School District**

**VACATION PLANNING FORM**

Name: \_\_\_\_\_ EID #: \_\_\_\_\_

VACATION	NO. OF HOURS
Current Vacation Balance: Please check your balance through Employee Self Service on the day the form is being completed.	
Vacation Accrual for upcoming school year:	
TOTAL TIME AVAILABLE:	
VACATION TO BE USED NEXT SCHOOL YEAR	NO. OF HOURS
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
Dates:	
<b>TOTAL USED FOR NEXT SCHOOL YEAR:</b>	
<b>VACATION BALANCE AT END OF UPCOMING SCHOOL YEAR:*</b>	

**\*This balance should not exceed the allowable number of days or hours of carryover for this employee. All vacation balances should comply with bargaining unit contracts or other District policies and regulations.**

Vacation Planning Form **approved** at the site/department level.

Vacation Planning Form **not approved** at the site/department level.

Signature of Employee:	Date:
Signature of Supervisor:	Date: