



TOWN OF SOUTHAMPTON
PERSONNEL POLICY PROCEDURE BOARD
VACATION CARRY OVER REQUEST

Date: _____

Employee: _____

Requested Carry Over: _____

Brief Explanation: _____

Employee Signature: _____

Department Head Signature: _____

(Bottom Portion for PPPB use only)

Your request to carry over vacation time has been approved

Your request has been denied.

Reason:

No extraordinary situation

Other: _____

Personnel Policy Procedure Board Chair

Date

Copy: Treasurer/Collector
Town Accountant
Town Administrator
Employee