Vacation Day Carry-over Request Form

Request Form Requests for Vacation Day Carry-over are due to HR Director no later than May 15 of each year.

Date Submitted: _____

Name of Employee: _____

Number of vacation days being requested for carry-over: _____

All vacation days approved for carry-over must be used by the last day of June of the next calendar year.

Employee Signature acknowledging and confirming the number of days being requested and stipulation to use all days before the end of the next fiscal year: _____

_____

Human Resources date of receipt: _____

Number of vacation days available in Frontline balance: _____

HR Director confirmation of available vacation days requested: _____

Superintendent Approval: _____