

REQUEST TO CARRY OVER VACATION DAYS
FOR 12 MONTH EMPLOYEES ONLY

I would like to request to carry over _____ vacation days/hours which I have not used yet this school year. I understand that I must use these vacation days by the date agreed to per my bargaining unit/based on my position of the following school year or I will lose them. Please send this form to the front desk of the Administration Building (fax 672-6820), or to Human Resources (fax 672-6772). A copy will be sent back to you after processing.

**Deadline for using carryover vacation days:*

*Maintenance & Operations Employees/Off Schedule/Administration/Local 6099 Employees:
June 30th of following fiscal year*

Printed Name: _____

Signature: _____

Date: _____

Building/Location: _____

Position: _____

RECEIVED BY HUMAN RESOURCES:

DATE STAMP/INITIALS

Approved Not Approved

Sent to Payroll Date: _____

Sent to Employee By: _____