



Vacation Carry Over Request

Employee Name: _____ Date: _____

Department: _____ Date of Hire: _____

Number of Days to Carry Over: _____

Justification: _____

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Cabinet Supervisor Approval: _____ Date: _____

Human Resources initial: _____ Date recorded: _____