

Vacation Carryover Exception Request Form

This form is utilized to request carry over that exceeds the 1 week granted per standard policy. Only include vacation hours above the 1-week allocation. If approved, all carry over hours must be utilized by December 31 of the next fiscal year.

Name:	Department	Today's Date
Carry Over Hours Requested		
Reason:		

Employee's Name (Print)

Employee's Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date

VP of Finance Name (Print)

VP of Finance Signature

Date

Director of Human Resources Name (Print)

Director of Human Resources Signature

Date

Provide a copy of this form with all signatures to the Human Resources Department.