



Request for Vacation Carryover (Administrative, Professional and Confidential Staff)

- IN ORDER TO TRACK VACATION CARRYOVER ALL EMPLOYEES MUST SUBMIT THE APPLICABLE CARRYOVER FORM TO THEIR IMMEDIATE SUPERVISOR FOR APPROVAL.
- THE IMMEDIATE SUPERVISOR IS RESPONSIBLE FOR PROVIDING THE APPROVED VACATION CARRYOVER FORM TO HUMAN RESOURCES.
- PLEASE REFER TO THE VACATION LEAVE POLICY FOR ADDITIONAL INFORMATION - [VACATION LEAVE POLICY](#)

BANNER ID:	DEPARTMENT:
LAST NAME:	FIRST NAME:

REQUEST FOR VACATION CARRY-OVER *

TOTAL NUMBER OF DAYS: _____ **(TOTAL HOURS: _____)**

*** REFER TO THE VACATION LEAVE POLICY FOR ALLOWABLE CARRYOVER LIMITS**

DEPARTMENT USE	HUMAN RESOURCES/PAYROLL
Employee Signature _____ Date	
Supervisor Signature _____ Date	
Department Head/Director _____ Date	

HARD COPY WILL BE HELD ON FILE IN HUMAN RESOURCES FOR ONE CALENDAR YEAR - PLEASE MAKE COPIES FOR YOUR RECORDS