

# Carry-Over Annual Leave Form

Year: \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Manager \_\_\_\_\_

Employee ID \_\_\_\_\_

Total annual leave **hours** available in current year \_\_\_\_\_

Total annual leave **hours** used in current year \_\_\_\_\_

Total annual leave **hours** carried over into next year \_\_\_\_\_

Employee's signature: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Pay Roll Verification: \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Date: \_\_\_\_\_

## Carryover Vacation Policy Reminders:

- Maximum 37.5 hours based upon a standard work week allowed to be carried over.
- Carryover vacation must be taken within the next fiscal year.
- Request form must be received by the Payroll Department by June 30 of the current Fiscal Year.