

REQUEST FOR VACATION CARRYOVER – AFSCME and Non-Union

All requests for carryover require approval of your
Department Head and the Town Administrator

Employee Name: _____

Department: _____

Date of Request: _____

(A) Approved number of days carried over from prior year(s): _____

(B) Requested carryover from FY 23, as of June 30, 2023:

(can't exceed 5 days) _____

Note: Cumulative carryover (A + B) can't exceed annual vacation allowance.

Department Head:

Name: _____ Signature: _____

____ Approved

____ Denied

Town Administrator:

Signature: _____

____ Approved

____ Denied

Date emailed back to employee: _____