

REQUEST FOR VACATION CARRYOVER – POLICE, FIRE

All requests for carryover require approval of your
Department Chief.*

Employee Name: _____

Department: _____

Date of Request: _____

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

Requested carryover as of June 30, 2023: _____

Department Head or Chief:

Name: _____ Signature: _____

____ Approved

____ Denied

Date emailed back to employee: _____

*Note: Requests from uniformed Firefighters who are members of Local 2233 are subject to approval by the Fire Commission as well as the Fire Chief.