

REQUEST FOR VACATION CARRYOVER – TEAMSTERS

All requests for carryover require approval of your
Department Head.

Employee Name: _____

Department: _____

Date of Request: _____

Requested Carryover as of June 30, 2023: _____

Department Head:

Name: _____ Signature: _____

____ Approved

____ Denied

Date emailed back to employee: _____