



SUSU
VACATION CARRY OVER REQUEST FORM

Name: _____ ID#: _____

Job Title: _____ Site: _____

In accordance with, Collective Bargaining Agreement, Section 7.7 Vacation time earned by employees working twelve (12) months shall be taken before December 31 of the following fiscal year, unless carry-over is requested by the employee and is approved in writing by the Superintendent or designee. Any employee in the bargaining unit who has been employed for more than five (5) years may elect to carry over five (5) days of vacation to the second half of the following year. Any employee in the bargaining unit who has been employed for more than ten (10) years may elect to carry over ten (10) days of vacation to the second half of the following year.

Complete the information below and return this form to Human Resources by December 31st

I wish to carryover vacation hours from prior School Year as follows: _____
of hours to carryover **

Signature

Date

Phone number

Email

Supervisor's Signature

Date

Superintendent or Designee Signature

Date

****no more than five (5) days may be carried over for bargaining unit members employed 5 – 9 years and no more than ten (10) days may be carried over for bargaining unit members employed 10+ years**