

Simsbury Public Schools
Vacation Carry-Over Request Form
SFEP (12 month & 220 days) Employees only

Name: _____ **Date:** _____

Location: _____ **Assignment:** _____

This form is required for **SFEP** (12 month & 220 days) employees requesting vacation carryover beyond the current fiscal year.

TIMEFRAME FOR SUBMISSION IS BETWEEN JUNE 15TH AND JUNE 30TH.

Please obtain the required signatures below and submit to Terri Heintz, Employee Benefits Coordinator, at theintz@simsbury.k12.ct.us, no later than **June 30th**.

<i>Number of Days to Carry-over*</i>	
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<i>SCHOOL PERSONNEL</i>	<i>SIGNATURES</i>	<i>DATE</i>
<i>Employee</i>		
<i>Supervisor/Building Principal</i>		
<i>Business Manager</i>		

<i>Reason for Request:</i> *If the vacation carryover request is more than 5 days, please provide a brief reason for this carry-over request – Examples: special event, working on special project, illness, etc.

<i>Review/Verification by Payroll / Benefits Coordinator</i>	<u>SIGNATURE</u>	<u>DATE</u>