

Simsbury Public Schools
Vacation Time **Carry-over** Request Form
NAME/SFEP/Unaffiliated

Name: _____ *Date:* _____

Location: _____ *Assignment:* _____

Procedure:

This form is required for NAME/SFEP requesting vacation time carryover, and for Unaffiliated requesting PTO carryover beyond the current fiscal year of 07/01/15 through 06/30/16. Please obtain the required signatures below and submit to: Terri Heintz, Employee Benefits, Central Office.

Practice:

Employees are allowed to carry-over **up to 5 days**. Carry-over time must be **used within two months** of the yearly renewal date, i.e., before September 1, 2016. Each request requires review and approval by Building Administrator and Central Office Staff.

<i># of Days to Carry-over (must be 5 or less)</i>	
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<i>APPROVERS:</i>	<i>SIGNATURES:</i>	<i>DATE:</i>
<i>Supervisor</i>		
<i>Building Principal</i>		
<i>Employee Benefits Verification</i>		
<i>Director of Human Resources</i>		

Reason for Request:

Please provide a brief reason for this carry-over request – Example: special event, working on special project, illness, etc.

NOTE: Employees must complete an ***Absence Form*** prior to taking vacation time. If an employee submits a request, but does not take the requested time, the employee **MUST** contact Terri Heintz, Employee Benefits.