

Sutter County Superintendent of Schools

Employee Vacation Carryover Request

If you are requesting to carryover any vacation hours into the next fiscal year, you must submit this form.

Employee Name: _____ **Dept:** _____

Supervisor Name: _____ **Date:** _____

Current Fiscal Year: _____

Next Fiscal Year: _____

Please indicate the dates you are requesting to carryover, number of hours, and the reason(s). Everything will be done to ensure you get the dates that you request. However, if there are scheduling conflicts or events that require you be in the office, you will be asked to choose other dates.

*A **maximum** of ten (10) vacation days may be carried over to the next fiscal year with prior written administrative approval. Vacation days may only be carried over in the event of extenuating circumstances and with prior administrative approval (Classified Personnel Handbook, pg 304; Board Policy, 4318.3; Education Code, 45197).*

Starting	Ending	Number of Hours	Reason(s)

I am requesting to carryover the above stated vacation hours into the next fiscal year.

Employee Signature: _____

- Approved**
- Not Approved for the following reason(s):**

Supervisor Signature: _____ **Date:** _____