



Authorization to Carry Over Vacation Leave

Due to extraordinary circumstances, I request to carry forward the vacation days in excess of the contract standard into the next calendar year.

Name of employee: _____ **Date:** _____

Number of days to be carried over: _____

Briefly described below are the circumstances which prevented me from using the required number of vacation days:

Employee Signature

Date

Approved, Campus Pres/CEO (or delegate) or Associate VP of designated dept

Date