

DIVISION OF HUMAN RESOURCES/LABOR RELATIONS
Fresno Unified School District

CLASSIFIED VACATION CARRYOVER REQUEST FORM

I am hereby requesting to carryover more than the allowed 80 hours of vacation from the current school year to the next school year _____.
mm/dd/yyyy

| | | | |
|--|--|----------------------------|--|
| Name: | | Employee ID Number: | |
| Site: | | Current Position: | |
| Hours of carryover requested <u>over</u> 80 hour allowance: | | | |

Please check one:

- I have **not** requested to carryover vacation hours for the last 3 years.
- I have requested to carryover vacation hours within the last 3 years. When? _____

Give a brief explanation of why you need to carryover more than the 80 hours allowed.

 Employee Signature

 Date

- Vacation Carryover Request **approved** at the site/department level.
- Vacation Carryover Request **not** approved at the site/department level.

Please print Name of Principal/Department Supervisor

 Phone number

 Signature Principal/Department Supervisor

 Date

Return To: Division of Human Resources/Labor Relations

 Final Approval Signature Division of Human Resources

 Date