The University of Scranton
Human Resources Department
Vacation Carry Over Request Form

This vacation carry over request form must be completed if an employee is requesting to carry over more than 5 vacation days.

The University of Scranton vacation policy provides for automatic carry over of five (5) days or less of vacation time for one year. Carryover of vacation time beyond five days requires approval by the supervisor and Human Resources. Vacation carryover is limited to the unused vacation time accrued during the most current year. The employee’s supervisor and human resources must approve this form. Completed carryover request forms must be submitted to Human Resources no later than Friday, December 2, 2016.

Employee: _____________________________________ Date: ______________________
(Please print)

RID#: _________________________________ Department: _____________________________

Request for additional carry over of vacation time ________ hours
(This number does not include the automatic carryover of 5 days)

Employee Signature: ____________________________________________________________

Approval:

__________________________________________ ___________________
Supervisor:        Date :

__________________________________________ ___________________
Divisional Leadership:      Date:

__________________________________________ ___________________
Human Resources Rep.:     Date: