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 13, 2019.**

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: