



Town of Natick
Vacation Carry Over Request Form
Fiscal Year Ending June 30, 2020

Employee Name: _____

Date: _____

Department: _____

Employee ID: _____

Total vacation hours accrued YTD: _____
(Attach copy of latest pay stub or Employee Accrual Report)

Vacation time to be accrued between June 1 and June 30: _____

Vacation time to be used by the end of FY20: _____

Total amount allowed to carry-over: _____

(Please see your respective CBA)

Total amount of vacation time to be carried over: _____

REASON FOR REQUEST TO CARRY OVER

All forms must be received by Human Resources no later than June 1st, 2020

EMPLOYEE SIGNATURE AND DATE

DEPARTMENT HEAD SIGNATURE AND DATE

DIRECTOR OF HUMAN RESOURCES SIGNATURE AND DATE

TOWN ADMINISTRATOR SIGNATURE AND DATE

