



## VACATION CARRYOVER REQUEST FORM

City of Flagstaff  
Human Resources/Payroll Department

Employee Name (please print) \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_ Department \_\_\_\_\_

Per Section 1-50-020 (B) (3) of the Employee Handbook of Regulations the above employee is requesting authorization to carryover his or her vacation hours in excess of the maximum past June 30<sup>th</sup> with the approval from the immediate supervisor, Section Head, Division Director and Human Resources. Human Resources will notify the employee of the final decision. If approved, the employee may not request to carryover vacation hours in excess of the maximum again for two years.

### REASON FOR REQUEST

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### APPROVAL SIGNATURES

If you are denying the vacation carryover request, then mark such and complete the reason. The reason will be shared with the employee and kept on file.

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Approved       Denied - Reason: \_\_\_\_\_

Section Head \_\_\_\_\_ Date \_\_\_\_\_

Approved       Denied - Reason: \_\_\_\_\_

Division Director \_\_\_\_\_ Date \_\_\_\_\_

Approved       Denied - Reason: \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_

Approved       Denied -Reason: \_\_\_\_\_