



Municipality of Monroeville
Monroeville, PA 15146

Vacation Carry-Over Request Form

Employee #: _____ **Employee Name:** _____

Department: _____

of Vacation Days Requested for Carry-Over: _____

Reason for this Request: _____

Note: Vacation carry-over limits are detailed within each union contract/administrative ordinance.

Dept. Head Signature

Approve/Disapprove

Date

Municipal Manager Signature

Approve/Disapprove

Date

of Days Approved for Carry-Over: _____

Please return this signed form to the Payroll Administrator for processing. All approved vacation carry-over days will be added to your accrual bank after the beginning of the new year.